

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

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STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

SIXTH ANNUAL MEETING

of the

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

held in

JACKSONVILLE

December 3-5, 1934

HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

ADMINISTRATION

Henry Hanson, M.D., State Health Officer

PUBLIC HEALTH MEETING

In this issue of Health Notes, we are publishing some papers which were read at the meeting of the Florida Public Health Association, held in Jacksonville during the first week of December, 1934. All who attended were outspoken in their praise of the meeting and the benefits derived from the program. As has been stated before, we had some of the leading authorities of the nation who delivered most interesting and instructive addresses.

The attendance was very satisfactory in its total numbers but we were sorry to note several of our leading municipalities conspicuous by the absence of health department representatives. Among the cities which failed to have official representatives were West Palm Beach, Orlando, Lakeland, Clearwater, Gainesville, DeLand, Daytona, Ft. Myers, etc. It is sad to think that the city fathers of these cities do not realize that at meetings of the character which the meetings of the Florida Public Health Association have enjoyed, the health officers attending receive instruction which in value far outweighs the trivial cost of attendance. In fact, it is the only opportunity that many of the health workers in this State have during the year to become posted on the advances in public health work. It is certainly to be hoped that all cities and any agencies which have employees engaged in health work will see to it that in the future their employees are detailed to attend the meetings of the Florida Public Health Association. One would think that all these towns mentioned are progressive enough to wish to give their employees the benefits of the new and up-to-date methods.

ESSAY CONTEST

Health Notes wishes to advise junior high schools of the announcement of the Seventh Annual Gorgas Memorial Essay Contest. Here is an opportunity for Florida junior high school students to study up on problems concerning which they should have some knowledge and at the same time win a prize. The first national prize is \$700—\$500 in cash and \$200 for travel allowance to Washington, D. C., to receive the award; second prize, \$150 in cash; third prize, \$50 in cash; and there are a number of other prizes in the nature of honorable mention, etc. There is a state prize of \$10 in cash and a high school prize of a Gorgas Medallion.

Those who wish to enter this contest may write to the executive office of the Gorgas Memorial Institute of Tropical and Preventive Medicine at 1835 Eye Street, Northwest, Washington, D. C. In writing for information, ask for a copy of the announcement of the contest which shows the topic suggested for study and the references to be consulted in working up material for the essay. There ought to be some Florida high school child who could win this essay.

THE PROGRESS OF PUBLIC HEALTH SINCE THE BEGINNING OF THE PRESENT CENTURY*

J. R. McEACHERN, M.D.

City Health Officer, Tampa, Florida

To the casual observer the improvement in the health of the public since the beginning of the present century may seem slight and unimportant, but those of us whose business it is to safeguard the health of the people in our respective communities and compare local conditions with those of other localities and with the nation as a whole, at once realize the importance of the work done by health departments and allied agencies, including of course the private physicians of the nation as they go about their duties day after day teaching their patients sanitation and the right methods of living in order to keep well and prolong life.

In order to evaluate properly the rapid strides made in the improvement of public health for the last thirty or more years, it is well to take a glimpse back at health conditions existing prior to 1900.

Typhoid Fever

Osler said that typhoid had been one of the great scourges of the centuries and had killed and maimed more in the armies than shot and shell. One-fifth of our soldiers in the Spanish-American War had typhoid and nearly one-tenth of these died. The same was true of the Boer War in South Africa, and worse still in all previous wars. The control of this disease has been brought about by the use of pure water, pasteurized milk, and clean foods; by the proper disposal of sewage; by fly-proofing privies, and screening food against flies; by destruction of the common housefly and its breeding places; by search for and care of carriers; and then by the general practice of anti-typhoid vaccination. Typhoid, being a preventable disease, its incidence should continue to decrease. The mortality from typhoid has decreased since the beginning of this century from about 65 per 100,000 population down to 4.5 per 100,000. The same measures which have brought the decrease will, if properly carried out, stamp out entirely this dreaded disease.

Tuberculosis

Tuberculosis prior to 1900 was called the great White Plague—"Captain of the Men of Death," and was first on the list of diseases as the cause of death, but today tuberculosis is seventh on the list as the cause of death, having dropped from about 200 per 100,000 population to 59 per 100,000. Here again proper sanitary regulations, segregation, and early recognition of the disease, as well as better

*Read before the sixth annual meeting of the Florida Public Health Association, Inc., Jacksonville, December 3-5, 1934.

living conditions, better food, more fresh air, and more sunshine are working wonders toward minimizing the number of cases of active tuberculosis. I am fearful, however, that owing to the depression, which has been so long drawn out and is still with us, that the lack of proper food, especially in children, will cause us to see in the next few years an increase in the number of cases of tuberculosis, and most likely an increase in the number of deaths from this disease. However, the recent reports from the Metropolitan Life Insurance Company indicate that for the first nine months of the present year the trend is still downward.

Yellow Fever

Yellow fever, prior to 1905, occurred quite often in the United States along the Gulf Coast and in Southern Atlantic cities. Those of us old enough to remember these invasions of the "Yellow Jack," as it was spoken of then, know how terror-stricken the population became when it was announced there was yellow fever in any of our southern sea coast cities; but now, due to the work done in Cuba by Walter Reed, Carroll Lazear, and Agramonte in the closing days of the last century, the fact has been established that yellow fever is carried by the *aedes aegypti* mosquito. We now know how to prevent the spread of yellow fever. I wonder if any of us have imagination enough to fairly compute in dollars and cents, not to mention the sickness and death caused by this disease, the value of this knowledge not only in keeping yellow fever out of our southern ports but to all parts of the world where this particular type of mosquito has its habitat. The last invasion of this disease in the United States was in 1905 at New Orleans and Pensacola. With transportation becoming more and more rapid from Central and South America and the West Indies, the possibility of another invasion of yellow fever should concern health authorities everywhere, because it has been proven that mosquitoes have been transported hundreds of miles in the cabins of airplanes.

Hookworm

Hookworm a little more than thirty years ago was discovered to be very prevalent in parts of the South. Dr. Charles Wardell Stiles, who was at that time with the United States Public Health Service, estimated that the southern United States was badly infected. The examination of army recruits, college students, and school children in different parts of the country gave a percentage of infection from 20% to 70%. Dr. Claude A. Smith and Dr. H. F. Harris of Atlanta reported cases in 1902. During this year Dr. Harris made the important observation that the greater number of cases of anemia in certain sections of the southern states were due, not to malaria as previously believed, but to hookworm, and he was certain that it was the most common of all the more serious diseases of the South. In no other disease does the patient suffer so long and in no other con-

dition is he for such a long period a menace to those about him, and in no other malady of such gravity is treatment so rapid and surely successful. I wish to mention in this connection that the first paper on hookworm read before the Florida Medical Association was by Dr. A. E. Conter, now of Apalachicola, Florida. Dr. Conter also gave a demonstration of hookworms and eggs at the same time. He had seen Dr. Harris' first case in his clinic in 1902. While hookworm is prevalent in many of the rural sections today, it is very rare indeed to see the severe type of infection we saw thirty years ago. With proper rural sanitation this disease should soon be extinct, but that is, I believe, too much to be hoped for in the very near future. This disease is still taking a heavy toll among the children in the South by the preventing of proper growth physically and mentally.

Diphtheria

Our knowledge of diphtheria is most satisfactory in that we know the cause of the disease and its mode of transmission. We are able to check its spread, and we have a preventive that is as sure as any specific can be and a curative agent of great potency. The number of deaths per 100,000 population in the United States for various years are: 1910—21; 1915—16; 1920—15; 1925—8; 1930—5; 1932—4.8. We hope 1933 and 1934 will show a further decline. When we compare the diphtheria death rate of 1900 which was 43.3 per 100,000 population, against a death rate as stated above of 4.8 for 1932, it makes us hope that at no far distant date diphtheria will be extinct.

Smallpox

Smallpox is a disease that should have passed into medical history many years ago, but is still prevalent in many parts of the world. In British India it caused 19,000 deaths in 1931, and 20,000 deaths in 1932. In Mexico smallpox caused about 10,000 deaths in 1931 and about 7,000 deaths in 1932. I wonder if the lessened virulence of this disease and the long periods between epidemics have not caused many to develop a false sense of security by reason of which they are neglecting to have their children vaccinated as they should. I hope we will not be rudely awakened by this disease in a more virulent form sometime because of the large unvaccinated population that is now growing up.

Babies

One of the things that has contributed to the longevity of our people as a whole has been the enormous saving in the lives of our babies. Deaths from congenital malformations and the diseases of early infancy are being reduced. More prenatal care of mothers and more skillful attendance at birth is making America a much safer place for babies. Modern sanitary means have played a large part in reducing the death rate from diarrhea among infants. Pasteuriza-

tion of milk and proper refrigeration of all foods, safeguarding the water supplies, and the campaign against the common housefly have saved the lives of hundreds of thousands of American babies.

I have tried to give you some of the factors that have made for the advancement of public health in the United States since the beginning of this century. In many respects the advancement has been very gratifying. The field is open and we should strive for greater goals in fighting against diseases in the future. The challenge should inspire us with a greater zeal to educate the public.

PULMONARY SPIROCHETOSIS*

GEORGE E. ATWOOD, M.D., D.P.H.

Commissioner of Health, Waycross, Georgia

It is not my intention to present a scientific paper on broncho-spirochetosis or to leave the impression that this is a newly discovered disease. My purpose is to stress the fact that the disease is very prevalent and to urge that we, as health officers, find some method of convincing our general practitioners of the presence and magnitude of broncho-spirochetosis. This disease presents a public health problem which cannot be solved until it is generally recognized by the medical profession.

A study of the work of Dr. Castellani on this infection, published during the last fifteen years, also of Dr. Smith's book on fuso-spirochetal infections, and of the recent articles in the United States Public Health Service weekly reports, would convince all of us that we have been grossly negligent in our professional duty to the public.

Dr. Castellani has reported broncho-spirochetosis prevalent in practically all sections of America, Europe, Asia and Africa. He has done the pioneer work in this field of medicine, but, unfortunately, his publications have not been read by the masses of our profession.

Dr. Smith's research is fully as important, but will undoubtedly reach only a small percentage of the medical profession and its purpose is defeated by general indifference on the part of the busy physician.

The articles appearing in the United States Public Health Service weekly reports should reach every health officer in the United States, and I believe it is our duty to present this subject to our professional brothers who do not have the opportunity to read this publication.

According to the records of our little laboratory in Waycross, we have examined 766 specimens of sputum during the last two years, with the following results:

*Read before the sixth annual meeting of the Florida Public Health Association, Inc., Jacksonville, December 3-5, 1934.

- 22, or 2.8% positive for tubercle bacilli
- 7, or 1.1% positive for tubercle bacilli and Spirochetes
- 474, or 61.2% positive for Staphylococci, pneumococci and unclassified fungi
- 263, or 34.3% positive for Spirochetes

These examinations were made on only about four hundred patients and many of the specimens reported as unclassified were later found positive for Spirochetes.

The medical profession in Ware County has been convinced of the presence of broncho-spirochetosis. They frequently recognize the disease without laboratory tests, and their treatment for acute cases has been most gratifying in numerous instances.

Chronic cases do not respond to the same treatment and the clinical picture is very similar to pulmonary tuberculosis. These cases are usually diagnosed as chronic tuberculosis, even though the bacilli are never found in the sputum. Acute cases are usually diagnosed as broncho-pneumonia. Early and continued microscopical examinations of sputum are necessary until a diagnosis is made.

If we could get physicians to submit specimens of sputum in the early stages of pulmonary infections to our public health laboratories, we would soon become familiar with this disease.

EPIDEMIOLOGY*

C. D. HOPKINS, M.D.

City Epidemiologist, Tampa, Florida

After a brief discussion of epidemiology in general, I want to discuss the epidemiology of two diseases as they have occurred in Tampa during the last eight years.

Correct diagnosis of individual cases is necessarily the beginning of epidemiological investigation, and I make it a practice to see all cases that I go out to investigate as a beginning toward establishing in my own mind the correctness of the reported diagnosis. Nothing will injure the cause of immunization more than to incorrectly diagnose chickenpox as smallpox in a vaccinated individual. When this is found to have been done, tact is required in having the correct and desired diagnosis prevail. Nothing is harder to find than the source of an infection which does not exist.

After a correct diagnosis has been established, the energy, inquisitive nature, and time to pursue the inquiry must be available or epidemiological investigation suffers. A good investigation can

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hardly be made with the investigator hurrying to another case, a clinic or his office; however, routine when sufficiently inclusive, tends to promote thoroughness in all cases, and for this reason I use standard blanks as far as possible for the gathering of data, which can be tabulated when a sufficient amount is collected to be of value. The epidemiologist of a city is often as much at a loss to account for the source of infection in a given case as the attending physician, the correct interpretation becoming apparent only when more cases have been investigated and the data tabulated.

The epidemiologist often has to make compromises in order to reach some highly desired accomplishment. A few years ago a negro who controlled the negro population was persistent in his requests that the negro school children be given diphtheria immunization. This was done, 3,000 being given two doses of toxoid, although it was well known that giving these immunizations would not reduce the diphtheria case or death rate to any appreciable extent even if it prevented all negroes from having diphtheria, because for some reason diphtheria among negroes has been negligible in spite of the fact that we have a negro population about equal in number to our Latin population, which has had more than 50% of our diphtheria for the past few years. The reason for giving these diphtheria immunizations was that it paved the way for a return trip the following week for 3,000 smallpox vaccinations in a group where vaccination was most desired.

Coöperation of the individuals and groups with which you have to deal is seldom perfect. The epidemiologist has to content himself with the best that can be obtained. Too often it is an attitude of sufferance instead of active coöperation. Our outstanding example of perfect coöperation was the executive of a large chemical plant employing several hundred men, who ordered his paymaster to pay off anyone who did not submit to vaccination if the Health Department thought necessary after a case of smallpox had been discovered among these workers. This occurred in 1926, but is still a shining example of real assistance in health work. All took vaccination instead of losing their jobs.

The first of the two diseases I want to discuss is typhoid, because I believe the epidemiology of typhoid fever differs in one major respect from the general epidemiology of typhoid. It is known as a summer and fall disease in most places, while Tampa has had a distinct seasonal preference for typhoid in winter, which has been due to a certain cause to be discussed later.

During eight years, Tampa has had two milk-borne outbreaks of about one-half dozen cases and both caused by the same carrier located in a small dairy.

We have had occasional cases due to contaminated water from

private supplies. These have not been restricted to any time of the year.

One case history, five years ago, was of particular interest: a child, three months old, developed typhoid. When the history was taken it was stated that the child had never been fed anything that had not been boiled and had never been under another roof. The family consisted of one brother, aged 14, mother, father and grandmother. The brother, now 14, had had typhoid when nine months old. The father had typhoid three months after marrying and going to live with his wife and mother-in-law. The mother and grandmother had had typhoid five years before the marriage of the children's mother and father. Stool examinations had been made on all members of the family, except the grandmother, with negative results. One examination on the grandmother proved her a carrier. This to me was a perfect carrier history. Every new addition to the household contracted typhoid.

In addition to the above general run of carriers of typhoid infection, Tampa's winter typhoid has been due to the eating of contaminated raw and stewed oysters. I mention stewed oysters because for some time I took little notice of stewed oysters as a source of infection, because of the erroneous belief that stewing oysters sufficiently sterilized them, but found on investigation that the oysters in stews were warmed and not cooked.

The oyster cases have been the bulk of the cases for the last eight years. In 1926 we had 85 cases of typhoid, the majority of which were due to oysters, and in the last year, 9 cases, none of which was due to oysters.

At one time, case histories indicated a probable contamination of a commercial oyster supply, which was promptly withdrawn from the market and subjected to searching examination by the State Bureau of Engineering, with negative results. The food handlers in these stores were examined for possible carriers, also with negative results. The next year the same supply, handled through the same stores, seemed to have caused a fewer number of cases late in the season, so it was decided that the probable trouble was in the purchase and sale through these stores of other oysters, which was denied by the store managers. A trip to see these managers at the beginning of the following season, recounting to them their history of the two previous seasons and plainly stating that any further trouble from their stores would necessarily bring a public statement in the newspapers advising the public that it was not safe to purchase from them, naming and giving the location of their stores, was followed by a season of no cases among the eaters of their oysters.

The certain cause referred to before was oysters from the waters adjacent to Tampa in Hillsborough and McKay Bays. In 1926 there was no condemned area, oysters being freely taken within 200 feet of sewer outlets; followed by much typhoid among the people eating

them. This condition provoked a survey of these waters in 1928, done jointly by the United States Public Health Service, the State Board of Health and the Tampa Health Department, which resulted in the condemnation of all waters adjacent to Tampa and for a distance of about four miles down the bay, but stopping just short of the only commercial oyster bars in the bay. Histories of subsequent cases brought under suspicion the products from these bars and a survey by the same agencies in 1932 extended the condemned area about two more miles, taking into the condemned area the only commercial bars in Hillsborough Bay. The last season was the first one in which no oyster cases were reported, and during this year, only nine cases from all sources were reported, while during 1926, Tampa had 85 cases with 24 deaths. I think it can be safely said that the bulk of typhoid in Tampa in the last eight years has been due to oysters, and when oysters disappeared as a cause, typhoid was a mere shadow of its former self. This to me accounts for the preponderance of typhoid in the oyster season, which in Florida is mostly winter, few oysters being eaten during the fall.

The second disease I want to discuss is measles, because I believe measles in Florida differ markedly from measles in many other places.

During the last eight years, three measles epidemics have been in Tampa, which is about the experience of other cities. The first of these came without warning that it was time for it to occur, and gained fair headway before being discovered. When discovered, 30 or 40 cases were to be found in a few days. This epidemic ran from discovery through the balance of the school year and covered the whole area of the city; all schools being almost depopulated in the first three grades before the end of the year. This epidemic was of 1,346 reported cases.

The next epidemic took place during the years 1930 and 1931, and plans for this epidemic were made during the two intervening years, in spite of a statement of a Public Health Service officer visiting in Tampa on other business who said that if I hoped to do anything about measles, I was a superb optimist. This epidemic was worked on as a major objective with daily inspection of school children by a school nurse, exclusion of those showing the slightest symptoms of beginning measles and rigid isolation of all cases that developed diagnostic signs, as well as quarantine of those grossly in contact with known cases. The first year of this epidemic produced 1,269 reported cases and covered only about one-half of the schools of the city. But not to be slighted, the second half of the city promptly responded with a measles epidemic one year later, which produced 1,675 reported cases, completing the covering of the city in the second measles epidemic.

The above brings us up to the fall of 1933 in the chronological history of measles in Tampa. Judging from known general charac-

teristics of measles epidemics and personal experience of two epidemics, I predicted to a news reporter, when no cases were reported in the State morbidity reports for some time, that Tampa would have a measles epidemic in 1934, beginning about January 15th. On January 16th, the first case was reported in a child just arriving from Ohio. The next two weeks brought seven cases reported, all with outside history at the time of infection. By March, the epidemic was well under way, reaching its peak during April, and receding with the close of school after an epidemic of 1,559 reported cases, covering all the city.

I believe that most cities still require isolation of measles and such an ordinance is still on the books at Tampa. All that I see written about measles holds little hope for the prevention of epidemics, and is contented with pleasant advice to try to prevent infection in the young children, at the same time offering little help as to how this is to be done, except for the use of immune blood, which will either prevent infection and leave the child, shortly afterward, still susceptible to measles, or produce a mild form of the disease. I have seen little immune serum or blood used and can say nothing about its worth.

It is well known that the mortality from measles in Florida is only a fraction of that in colder climates, and that our mortality decreases as the weather gets warmer in the spring. For comparison, it was found that over a three-year period in the urban population of a northern state, one death from measles occurred for every 231 deaths from all other causes, while in another southern state, the urban population showed one death from measles for every 404 deaths from all other causes. In the urban population of Florida, one death from measles occurred for every 1033 deaths from other causes, and in Tampa during the last eight years, one death from measles was accompanied by 1,682 deaths from other causes. It is also well known that it is now almost impossible for city dwellers to come to adult life without having contracted the disease. For these reasons, I propose for your consideration that the health authorities of Florida make an effort to have measles cases on hand during the late spring and summer, and advise the deliberate exposure of children in good health of 6, 7 and 8 years of age, so that the disease may be had when expected and desired and at a favorable time of the year, and at a convenient time for the smaller children to be separated from those expected to have measles, instead of having the disease appear at an unfavorable season and unexpectedly expose the young children.

I also propose that we advertise the fact that certain acute communicable diseases, particularly measles, are milder and bear less mortality in Florida than in the severe climates of the north, and that good advice to a person of means with small children exposed to measles, is to make a trip to Florida so the children can have measles where nature, even in the raw, is actually mild.

FOOD INSPECTION*

HORATIO NEWTON PARKER

Director, Laboratory and Food Division, City Board of Health,
Jacksonville, Florida

Through the ages man has been devoting the greater part of his energies to obtaining food. Not only must it be grown, gathered, processed and transported, but it must be taken to market in clean, sound, edible and wholesome condition. Laws prohibiting the sale of diseased or spoiled meats and of adulterated dairy products date from ancient times. In those days some of the penalties consequent on their violation, such as egging the pilloried vender of rotten eggs with his wares, or compelling the purveyor of tainted meats to eat them, smack of the executioner in the Mikado, who "made the punishment fit the crime." However, despite laws to the contrary, the sale and consumption of putrescent food in the days of Rome were not uncommon, which accounts for the popularity of salt and strong condiments, such as garum, which was made from the thoroughly rotted entrails of small fish. In an article entitled "Man's First Great Passion," in Scribner's Magazine of November, 1927, Guy Lowell recognizes three food periods, viz:

1. The hunter's, when people gathered food as they moved about.
2. The period when food was consumed when it was produced, and so varied with the seasons.
3. The present period when transportation has been so developed that food is distributed everywhere.

It was in this last period, which began perhaps 250 years ago, that the ordinary man first got enough to eat and that food laws and food inspection were developed and applied. It would be interesting to trace their evolution and note the forces that have acted to bring them about, but we must limit ourselves strictly to our subject.

There are: Federal inspection which covers food entering interstate commerce and is done chiefly by the Department of Agriculture through the Bureau of Chemistry and the Bureau of Animal Industry; state inspection which may be done by the Agricultural Department or the Board of Health; and local inspection made by city health departments. It is with the last of these that this paper deals particularly, and is largely drawn from experience in the Jacksonville Health Department.

Much of our funds and time is taken up with the routine examination of the city water supply and with the inspection of the dairies,

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milk plants and ice cream plants, together with the testing of water, milk and ice cream offered for sale in the city. However, inasmuch as water, milk and dairy products customarily are subjects of discussion on the programs of public health associations, with this mention we pass to the consideration of the inspection of other foods.

The stable foods, such as the cereal grains and their products, beans, tea, coffee, crackers, etc., in bulk cause little trouble. They should be stored in boxes, barrels or bins to protect them from dust, insects, mice and other vermin. Sometimes they become infested with beetles, worms, or molds and have to be destroyed. It is the perishable foods; meats, poultry, fish and shellfish that are of concern and must be closely watched. How both classes of food are kept under surveillance we may proceed to explain.

In the first place, we have an ordinance that is commonly known as the screening law, which makes it unlawful to expose any article of food or drink except within a substantial building, equipped with screens. It also makes it unlawful to expose for sale ice cream, confections, dairy products, soft drinks or cooked foods from any cart, stand or vending device; it requires perishable foods to be kept under refrigeration, and insects under control, where food is sold. It has other provisions and in fine provides authority for the inspector to keep food establishments clean and screened, and perishable foods at low temperature—under 50° F.

Meats: Much of our meat comes from the large meat packing centers and so is federally inspected as is that of some abattoirs in the city; this inspection is, of course, accepted without question. We have also farm-killed meats; they are inspected by the local meat inspector whose qualifications are carefully prescribed by law. The work requires the utmost vigilance not only to detect diseased meat, but to make certain that all farm-killed meats are offered for inspection. To evade paying the moderate inspection fees, and sometimes to sell meat of questionable character, certain farmers try to avoid submitting their meat for inspection. This evasion of the law must be kept at minimum.

Sausage plants have been trouble makers, for every autumn individuals appear who plan to make sausage without the least provision for sanitation. To meet this situation the following specifications have been issued, viz:

Specifications for Sausage Plant

1. Concrete floor with suitable drainage and sewer connections, conforming with City Plumbing Code.
2. Washable side walls, 6 feet up all around, tile, concrete or other satisfactory material.

3. Cutting table with removable leaves for satisfactory cleaning.
4. Metal tables for stuffing and packing.
5. Steam or sufficient hot and cold water for sterilizing all equipment.
6. Plant completely screened.
7. Wash bowls with hot and cold running water.
8. Toilets separate from all work rooms.
9. Metal garbage can with top.

Market inspection supplements the work of the meat inspector. The markets are scored on a card on which the major points are for screening, condition of floors and block, plumbing and fixtures, condition and efficiency of refrigeration boxes, condition of tools, refrigeration of show cases, and cleanliness of personnel. Lookout for uninspected meat is kept, and spoiled meat is seized.

Poultry is in high favor with the public, but we had no end of trouble with it prior to the enacting of our poultry ordinance. Briefly, it requires the birds to be kept in batteries in a room provided with mechanical ventilation, a separate, screened, cement floor, killing room, connected with the sewer, with running water, and accommodations for cooling the carcass. Poultry killed for re-sale must be bled. The keeping of poultry out of doors, either on the sidewalk or in the rear of the premises is forbidden. Poultry houses are regularly inspected and ailing birds are disposed of. The houses are scored monthly, the greater number of points being given for proper ventilation, condition of the batteries, the killing room and its appliances, the bleeding of the poultry and for operating the business within capacity limit.

Fish is a delicate food and its marketing requires close supervision. We have a fish ordinance that is by no means ideal, but which has done away with the stinking type of fish market that in bygone days was common in the trade. Fish markets must be located in the sewered parts of the city and must have a sand trap which must be connected with the public sewerage system. They must be well lighted and well ventilated. Fish must be kept at 40° F. or less, in an ice box with a layer of ice and a layer of fish alternating. It is forbidden to cut up fish on a meat block, or to keep fish in ice or meat boxes, nor can fish be displayed in show cases with other foods unless there is a separate fish compartment therein. To see that the fish are in good condition, and that cleanliness is maintained, the fish markets are regularly inspected and scored. The major number of points are given for screening, freedom from flies, cement floors, ice boxes and icing, prime condition of the fish, condition of the tools and cleanliness of the employees.

Jacksonville has a shellfish ordinance. It requires shellfish to come from certified areas and to be handled in sanitary containers. Particular attention is paid to establishments picking crab meat, which is easily contaminated, spoils readily and is potentially highly dangerous. In these places thorough screening is insisted on. Adequate refrigeration is required and both utensils and operators must be scrupulously clean.

Green grocery inspection deals chiefly with commission houses, produce dealers, and farmers' market. Inspection consists chiefly in maintaining sanitary conditions and preventing spoiled goods reaching the public. The work is important, large quantities of food unfit for consumption being condemned yearly.

The inspection of food stores other than markets takes much of the time of the Department, but its importance justifies the work that is put into it. Such stores are where the consumer does most of his buying. The foods purchased are mostly of a stable character, such as cereals and canned goods. Since this service was inaugurated there has been marked improvement in the cleanliness and general appearance of these stores and in the efficiency of the refrigeration they use. Some stores have elaborate refrigerating systems, others have mechanical refrigeration and those that have neither of these, have ice boxes of ample capacity. When this inspection was begun a motley collection of canned goods was found on the shelves. At first condemnations were many but in due time conditions improved and now few seizures are necessary. However, vigilance of inspection is a wholesome stimulus to the maintenance of good trade practice. Food stores are scored; half the points are allotted to refrigeration and to the condition of the foods. The other points are distributed among sixteen items, emphasis being placed on lighting, ventilation, toilet facilities, freedom from insects and vermin, and on cleanliness of employees.

The inspection of bakeries was one of the last food control measures taken on by the Department; we have come to regard it as very important. Although bakery products are cooked, there is abundant opportunity for carelessness in the several stages of manufacture, and for the use of inferior ingredients, both of which tend to produce poor goods. Furthermore, bakery products are subjected to considerable handling which makes it necessary that care and cleanliness be observed within the bakery and in delivery to customers. Some bakeries run shops, usually at the factory. It is important that they be sanitary, and that cleanly methods are the rule with the employees. Bakeries are scored; the points are fairly distributed among twenty-four items.

The category of bakery inspection covers that of potato chip factories, peanut butter plants, mayonnaise plants, candy factories and canneries.

The soda fountain is an important factor in American life. Located in drug stores or confectioners' shops it commonly serves food as well as soft drinks. Many people patronize the soda fountain for breakfast and lunch. So it is important that proper sanitary standards be maintained. A few places use all paper service, but generally glassware and china are used. The fountain must be located and built in accordance with the laws of the Building Department; it must be furnished with running hot and cold water, and it must be operated in compliance with Health Department rules. Fountains are inspected and scored regularly. There are twenty-three items on the score card. Major credit is given for screening and freedom from flies, insects and vermin, the washing of glasses, plates and spoons in running hot water at 165° F., cleanliness of utensils, the keeping of milk and cream below 50° F., preparation of the syrups in clean, well lighted rooms, and the personal cleanliness of the attendants. The inspection of soda fountains must be close, because much of the time service is done in a rush and attendants are prone to cut corners. Beer bars are given the same sort of inspection as soda fountains.

Restaurant inspection concerns that large part of our population which eats one or more meals daily out of the home, and it comprises not only restaurants, but hotel dining rooms and other public eating places. There is the State Hotel and Restaurant Law which must be complied with, and our local law with the enforcement of which we are charged. It prescribes the construction, equipment and operation of restaurants in some detail. The restaurant is scored on a card on which sixteen items are listed. The principal ones are for screening, toilets and smoke removal, proper handling of milk and cream, proper equipment and management of the kitchen, efficient dishwashing, operation of the dining room, and condition of the storerooms.

Finally, all food handlers, except the employees of markets and food stores, are required to have semi-annual health examinations and to hold cards from the Health Department certifying that they have passed these examinations. The checking up of the employees in the matter of holding health cards is the duty of inspectors.

Several other papers read at this meeting were published in the Journal of the Florida Medical Association. Complete record of the program, minutes of the previous annual meeting and proceedings of this meeting may be found in a permanent file in the Library of the State Board of Health.

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.**REPORT OF
SECRETARY-TREASURER, STEWART G. THOMPSON, D.P.H.,
DECEMBER, 1934**

TO THE PRESIDENT AND MEMBERS OF THE FLORIDA PUBLIC HEALTH ASSOCIATION, INC., IN SESSION AT JACKSONVILLE, FLORIDA:

Membership

The total membership of our Association is now 140. Of this number, 77 are classified as active members and 63 as associate members. Forty (40) of our active members are also members of the American Public Health Association. According to the rule, at least one-half of our active members are required to be members of the A.P.H.A., and our membership is, therefore, in good standing at the present time. A complete roster for every classification of our membership is on file with the Secretary and is part of the official records of the Association.

Committee Appointments

President McEachern's committee appointments were as follows:

Executive Committee

J. R. McEachern, M.D.
F. A. Brink, M.D.
Ruth E. Mettinger, R.N.
Stewart G. Thompson, D.P.H.
Henry Hanson, M.D.
L. J. Graves, M.D.
George N. MacDonell, M.D.

Auditing Committee

Joseph N. Hornbaker
G. Wilson Baltzell
Mary E. Herndon

Membership Committee

Stewart G. Thompson, D.P.H.
N. A. Upchurch, M.D.
W. A. McPhaul, M.D.

Nominating Committee

Horatio Newton Parker
T. H. D. Griffiths, M.D.
Russell Broughman
Captain M. J. Mackler
Ford Thompson

Finances

On November 20, 1934, there was \$219.64 to be accounted for. Disbursements total \$112.07, leaving a balance in the bank of \$107.57, as of November 20, 1934. A detailed financial statement follows, outlining item by item receipts and disbursements.

A check for \$28.00 was received from the American Public Health Association to cover 1933 dues for thirty-seven (37) of our members at \$1.00 each and 50c each for half-year dues on two (2) members. The annual dues of the Florida Public Health Association to the American Public Health Association is \$10.00. The A.P.H.A. check for \$28.00 plus our Association's annual dues of \$10.00 accounts for a credit to individual members of our Association of \$38.00.

The request of the A.P.H.A. to withhold refunds due our Association from active members who paid their dues to the A.P.H.A. caused considerable confusion. In all instances where our active members who belong to the A.P.H.A. paid the \$1.00 assessment to our Association, proper refunds were made from our Association funds to reimburse these members who paid both to our Association and to the A.P.H.A. The Board of Directors of our Association did not grant the A.P.H.A. the privilege to withhold the refund of \$1.00 on each of our members who paid their dues to the A.P.H.A.

CASH STATEMENT

November 21, 1933 — November 20, 1934

RECEIPTS

Cash in Bank, November 21, 1933.....		\$ 52.64
Dues Collected for 1932.....	\$ 4.00	
Dues Collected for 1933.....	65.00	
Dues Collected for 1934.....	70.00	139.00
		<hr/>
Rebate from American Public Health Association, 1933 dues \$1.00 each for 37 members and 50c each for 2 members, less \$10.00 dues of Florida Public Health Association to American Public Health Association		28.00
		<hr/>
Total Cash to be Accounted for.....		\$219.64

DISBURSEMENTS

Postage and Supplies:		
Postage	\$ 30.00	
Supplies	3.00	33.00
		<hr/>
Telephone and Telegraph:		
Long distance calls.....	4.00	
Telegrams	1.02	5.02
		<hr/>
Reception Expense:		
Orchestra	25.00	
Refreshments	5.95	30.95
		<hr/>
Banquet Expense:		
Decorations	11.60	
Radio Hook-up	2.00	13.60
		<hr/>
Refunds to 14 members who paid F. P. H. A. dues of \$1.00 for 1933 and \$1.00 for 1934 and refund of \$1.50 to 1 member covering half-year of 1933 and year 1934; 1933 dues returned by A. P. H. A. in their check of \$28.00.....	29.50	\$112.07
		<hr/>
Balance in Bank November 20, 1934.....		\$107.57

RECONCILIATION OF BANK ACCOUNT AND CASH BOOK

November 20, 1934

BANK ACCOUNT\$126.57

Less:

Outstanding Checks

#85 Julia O. Graves.....	\$ 2.00	
#92 C. P. Rhynus.....	2.00	
#97 W. D. Jones, Postmaster.....	15.00	19.00

Cash Book Balance, November 20, 1934.....	\$107.57
---	----------

November 21, 1934.

Florida Public Health Association, Inc.,
Florida Theatre Building,
City.

Gentlemen:

This is to certify that the balance to your credit at this bank at the close of business November 20, 1934, was \$126.57.

TITLE & TRUST COMPANY OF FLORIDA

(Signed) By ROBT. H. JACKS

Assistant Treasurer.

The books of the Treasurer have been examined by the Auditing Committee and certified as to their accuracy.

MEMBERSHIP ROSTER

November 20, 1934

BARTOW:

Dickey, Josephine*

CORAL GABLES:

Stutz, Fred H.**

DAYTONA BEACH:

Wells, J. Ralston, M.D.*

DE LAND:

Alexander, Mildred Inez

FORT MYERS:

Hayes, Mrs. Byrd

Kline, Julia W.

GAINESVILLE:

Adams, Mrs. Frances

Bristol, Dr. L. M.

Lassiter, W., M.D.**

Pepper, Mrs. W. M.

GREEN COVE SPRINGS:

Hulvey, George W.

HAWTHORNE:

Benham, Mrs. Louisa B.*

HOLLYWOOD:

Shepard, J. W.

JACKSONVILLE:

Baltzell, G. Wilson*

Bellinger, Mrs. Margaret

Bohnenberger, Mrs. Elizabeth

Breed, Mrs. Florence B.**

Brink, F. A., M.D.**

Brown, H. P.

Carpenter, Alvin B.

Castor, Frank S.

Claxton, W. A., M.D.*

Colby, Nanna

Criswell, Judge W. S.

Culpepper, Mrs. Ola

Currie, Jane B., B.S.**

Davis, Hettie F., R.N.

Eaton, Paul, M.D.**

Eaton, Mrs. Paul

Ely, Joyce, R.N.**

Emmons, Anna C.

Fish, James G., Jr.**

Griffith, Pearl**

Griffitts, T. H. D., M.D.*

Griffitts, Mrs. Sophie D.

Hanson, Henry, M.D.**

Hanson, Mrs. Henry

Holden, Gerry R., M.D.*

Hoy, John R.**

Hyatt, Elsie

Kennedy, T. S., M.D.*

Kyle, S. Allen

Lanier, Paul J.

Lenert, Louva G.**

L'Engle, E. M., M.D.**

McClellan, Mrs. Malcolm

McCormick, May**

MacDonell, Mrs. Vida Lester*

Mays, Mrs. Allie D.

Mettinger, Ruth E., R.N.**

JACKSONVILLE: (Continued)

Morgan, Thos. E., M.D.
 Owen, J. D.
 Parker, Horatio Newton**
 Peters, H. D.**
 Purdy, C. H.*
 Randle, W. Y.
 Rogers, W. W., M.D.*
 Smith, Sherwood H.**
 Sogaard, Johanna L., R.N.
 Starck, Lena W.
 Steele, Eloise
 Thompson, Stewart G., D.P.H.**
 Thompson, Mrs. Stewart G.
 Upchurch, N. A., M.D.**
 Van Osdell, Helen
 Wilson, Alpheus K., M.D.

KISSIMMEE:

Schellenberg, Mrs. Ezma T.

LAKELAND:

Overstreet, G. C., M.D.

LEESBURG:

Wilson, Frank C., D.V.M.*

MADISON:

Harrison, Mary L., R.N.

MARIANNA:

Goggans, Lalla, R.N.**

MIAMI:

Lefholz, Rothwell, M.D.*
 MacDonell, George N., M.D.**
 Powell, Mrs. Edith R.**
 Smith, D. R., D.V.M.**

OCALA:

Harris, Mrs. Helen Sutton**
 Holloway, C. A.*
 Hoxey, Margaret, R.N.
 Watt, Harry F., M.D.*

ORLANDO:

Bradley, G. H.*
 Broughman, Mrs. Minnie B.*
 Broughman, Russell**
 King, W. V., Ph.D.*
 Nelson, Mrs. Inez M.*
 Rhynus, C. P.**

OZONA:

Whitford, Grace, M.D.*

PALATKA:

Howe, Mrs. Elizabeth W.
 Jones, Frances, R.N.*
 Phinney, Jessie

PALM BEACH:

Howell, Elizabeth*

PENSACOLA:

McCormick, Miss Johnette
 McPhaul, W. A., M.D.*
 Pinney, Joseph L.
 Rafferty, Genevieve, R.N.

Strickland, Vandilla*

Whidden, Mrs. Marialyce*

PERRY:

Herndon, Mary E.

ST. PETERSBURG:

Anderson, Arnold S., M.D.
 Callahan, J. H.
 Hellams, Miss Bruce
 Hornbaker, Joseph N.*
 Sayford, Alberta McK., R.N.
 Stetson, Martha A., R.N.*
 Tillinghast, Robina H.
 Wilhelm, J. W.

SANFORD:

Lamb, Dorothy, R.N.*

SARASOTA:

Scully, Dr. John R.*

TALLAHASSEE:

Boyd, Mark F., M.D.**
 Bryan, Estelle
 Frojen, Boletha
 Graves, L. J., M.D.*
 Hendrix, William R.
 Knapp, Dr. J. V.**
 McClure, H. A., M.D.**
 Sandels, Margaret R., Ph.D.**
 Thompson, Ford L.*

TAMPA:

Graves, Julia O., R.N.**
 Jackson, C. J.
 Lee, David*
 McEachern, J. R., M.D.**
 Mackler, Captain M. J.**
 Pauley, Frank B.
 Pease, C. W., M.D.**
 Reed, B. Marion
 Rust, Mrs. Beatrice
 Shaw, Alex G.
 Smith, Mrs. Gladys*
 Venters, H. D.**

TARPON SPRINGS:

Brown, Mrs. Catherine E.

WEST PALM BEACH:

Honaker, Louwilla*
 Knowles, Dr. A. D.
 Love, Jessie*
 McDonald, C. W., M.D.**
 Macready, S. D.**
 Van Landingham, W. E., M.D.*

WINTER HAVEN:

Smith, Clarence E., D.V.S.**
 von Loesecke, Harry**

WINTER PARK:

Stiles, Dr. C. W.*

MICHIGAN:

Kellogg, J. H., M.D.

WEST VIRGINIA:

McLaughlin, Clio

*Active.

**Also member A. P. H. A.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

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Vol. 27

FEBRUARY, 1935

No. 2

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

ANNUAL REPORT—*Hanson*

PREVENT BLINDNESS—*Brink*

RABIES PREVENTION—*Lenert*

POPULATION ESTIMATES—*Thompson*

PREPARING AND STAINING THICK BLOOD
FILMS FOR DIAGNOSIS OF MALARIA—*Griffitts*

SPECIFIC SUSCEPTIBILITY OF RED CELLS TO MALARIA
—*Eaton*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board

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*Vital Statistics.....	Stewart G. Thompson, D. P. H.
Communicable Diseases.....	F. A. Brink, M. D.
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Public Health Nursing.....	Ruth E. Mettinger, R. N.
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Drug Store Inspector.....	M. H. Doss
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Pensacola.....	Johnette McCormick
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B. S.

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Inverness.....	Leland H. Dame, M. D.
Jacksonville.....	Thos. E. Morgan, M. D.
Tallahassee.....	H. A. McClure, M. D.
Tampa.....	C. W. Pease, M. D.

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Milton.....	T. S. Kennedy, M. D.
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
West Palm Beach.....	S. D. Macready
On "FERA" Duty.....	Fred A. Safay

PUBLIC HEALTH NURSES

Jacksonville.....	Joyce Ely, R. N. (Asst. Director)
Lake City.....	Johanna L. Sogaard, R. N.
Marianna.....	Lalla Mary Goggans, R. N.
Tampa.....	Julia O. Graves, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M. D.
Pensacola, Escambia County.....	W. A. McPhaul, M. D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****ANNUAL REPORT**

It is hoped that the annual report, covering activities of the State Board of Health for the year 1934, will be ready for distribution before the end of the present month. We hope that it may be ready early so that the Governor and the Legislature may have a statement of what has been accomplished and what we expect to do in the future program. There will be a limited number published and we can plan to supply only the state officials, members of the Legislature, libraries and cities with copies. The report will be mimeographed as has been the practice the last two years. I want to take this opportunity to say that we have been very highly complimented on the character of the work in the last two reports. Mimeographing has saved us a great deal of money; in fact, it would have been impossible to have issued a report in any other form.

Insofar as the nature of the work of the different bureaus and divisions of the State Board of Health is concerned, we have received very complimentary notice from other states which has been a compensation for the thought and close application in carrying out our program. During the last year and a half we have operated on the lowest budget since 1923. Our budget for the present year was less than half of the disbursements for 1926.

The Public Health Committee of the State Planning Board has taken cognizance of the crowded condition which prevails in our present building and has recommended enlargement in accordance with the plans prepared some three years ago for adequate working facilities for the State Board of Health.

Attention of Health Notes readers is invited to an article by Dr. T. H. D. Griffiths in this issue on "Preparing and Staining Thick Blood Films for Diagnosis of Malaria."

This is of special interest to physicians in sections where there is a great deal of malaria and to those who are doing some of their own microscopic work.

Owing to the fact that the last issue of Health Notes was given over largely to the publication of papers presented at the meeting of the Florida Public Health Association, some of the bureaus were unable to present their regular monthly reports. This month we are presenting the laboratory report for two months; namely, November and December.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****POPULATION ESTIMATES**

For counties and cities in Florida, the State Board of Health will use 1933 estimates for the year 1934 and until there is a new census of population taken or else the problem of population estimates is further clarified. This ruling has become effective owing to the fact that the State Board of Health annual reports on vital statistics have already been published for 1932 and are now in press for 1933. The estimated populations as published by the Florida Board of Health and used in its 1932 and 1933 annual reports were worked by the arithmetical method which has been in effect for about thirty years and the population estimates for Florida counties and cities were approved, before publication, by the United States Bureau of the Census. Later estimates for counties and cities by the new method were not available in time to use when working rates for 1932 and 1933 annual reports of the State Board of Health.

Population estimates for 1934 and 1935 for Florida counties and cities should, therefore, be disregarded as applied to vital statistics until a new census is taken or the problem further clarified. A letter dated January 18, 1935, has been received from the United States Bureau of the Census advising that errors involved in employing the usual methods of estimation have become so large according to their best information, that it seems inadvisable to make any estimates for the year 1934 for counties and cities.

Census Bureau Changes Methods for Estimates

A letter from the Geographer of the United States Bureau of the Census, dated May 28, 1934, advises that the Bureau has for some time realized that the method of arithmetical progression adopted in 1902 and in use since that date is not satisfactory under present conditions for computing the county and city estimates. The letter further states that they have, therefore, been experimenting with various methods of computing population estimates and for 1932, discontinued temporarily at least, the arithmetical progression method and used for counties and cities the same method that is used for the states; that is, to prorate the state increase to the various counties and cities according to the per cent which their increase was of the state increase between 1920 and 1930. The Geographer further stated that he was unable to advise at that time as to when the 1933 estimates of population would be available. On June 26, 1934, another letter was received from the Geographer of the United States Bureau of the Census advising that they were still experimenting with va-

BUREAU OF VITAL STATISTICS

rious other methods but to date had not found a more satisfactory one.

In February, 1935, population estimates based on the new method for 1932 and 1933 were received from the United States Bureau of the Census but will not be used by the Florida Board of Health as they were not available in time for working 1932 and 1933 rates.

Recapitulation

1. Population estimates for counties and cities computed by the arithmetical method were used by the Florida Board of Health for the years 1931 to 1933, inclusive.

2. The population estimates for counties and cities in Florida as published for 1933 in the State Board of Health annual report will be used for 1934 and until a new census is taken or the problem further clarified.

BUREAU OF ENGINEERING

Louva G. Lenert, Director

RABIES PREVENTION

Some weeks ago a dog ran amuck through a West Florida community, biting other dogs in passing, and causing considerable temporary excitement. He was followed and was finally killed by a peace officer and forgotten.

More recently one of the bitten dogs mentioned above bit its owner and a servant as well as a number of other dogs in the community before it was killed. In this case the head of the dog was sent to the State Laboratory for examination and positively identified as having been a case of rabies. The individuals bitten are now taking treatment for this disease, one which is always fatal after it has once started on its course, death coming in extreme agony.

The case mentioned above is only one of many breaking out throughout the state and the public reaction is too often the same. Rabies is thought by many to be more prevalent during the hot summer months, probably in the attempt to link "dog days" with rabies. There is no particular seasonal incidence and this is shown by the numerous examinations and positive findings during the past few months in the State Laboratory.

It is important that certain very definite methods be followed if there is to be any control of the disease. In the first place one should know that when a dog, suspected of having rabies, is killed

BUREAU OF ENGINEERING

it is possible that no trace of the disease will be found in the laboratory examination, because it may have been killed before the brain had been so affected. The dog may have had rabies and transmitted the disease to a human being, dog, horse, cow, cat or other animal, and still give a negative finding in the laboratory. If it is a genuine case of rabies the disease will follow through its course and the dog will die, after which the head should be sent immediately to the laboratory for confirmation. Under those circumstances a negative finding will have some value.

Again referring to the dog mentioned in the second paragraph, it was very fortunate that the disease had developed so far that a positive finding was had, as a negative report may have resulted in the victims not taking treatment, with fatal consequences. This positive finding from an examination of a dog killed before the disease has developed sufficiently cannot be counted on, and if one is bitten by a dog suspected of having rabies it is well to take the treatment, even if the laboratory examination shows negative.

A dog suspected of having rabies should be confined in close quarters and observed very carefully for developments. It may be captured with a net, or roped, if one is sufficiently skilled. A vicious dog may be clubbed without killing and one may do the same with one suffering from rabies. In making a capture one should be very careful not to come in contact with the saliva which flows very freely from a rabid animal. If this should enter a fresh wound or scratch, it may be sufficient to cause an infection as virulent as a bite from the same animal.

This describes what should be done if the suggestions of your health department have been ignored and rabies is found in the community, but there should be very few cases of rabies in dogs in any civilized community.

Two years ago the State Health Officer advised every municipality in the State of Florida to adopt an ordinance requiring the vaccination of all dogs. This was followed up very intensively by the representatives of the department and resulted in the vaccination of a large percentage of dogs throughout the State. Certain factions attempted to cast suspicion on this policy by insinuating that by vaccination rabies was actually increased. This propaganda was entirely false. It is true that vaccination is not entirely effective against all strains of the disease, and it is sometimes possible after a dog has been vaccinated to infect it with rabies of a different strain. Some think that veterinarians advocate vaccination because they will profit from administering the vaccine, but public health officials generally advocate vaccination because by this procedure the probable number of susceptible dogs is greatly reduced and the

BUREAU OF ENGINEERING

probability of infection of those in which vaccination did not prove effective is greatly minimized. Actual practice shows this to be almost one hundred per cent effective in stamping out the disease in any community, until the immunity wears off.

Dogs Should be Vaccinated Against Rabies Every Twelve Months

This is the greatest single obstacle to controlling the disease—officials and individuals conclude that a campaign once carried out is completed. Anti-rabic vaccination must be done *every year*, and the usual procedure is through dog licensing ordinances. Before issuing the license the owner is required to furnish a certificate from a licensed veterinarian certifying that the dog has been vaccinated during the preceding twelve months. This time limit is often reduced to six months because the protection provided by vaccination nine or ten months old will run out long before the next licensing period. License costs should be kept at a minimum to encourage universal vaccination and should not be used to provide revenue. An intensive drive over a short period each year is very much more effective than a long drawn out plan which maintains an all-time dog-catcher.

Peace officers should be instructed how to proceed when a rabid dog is found. In the first place they must be told not to kill the dog suspected, but permit it to die of the disease. The head is then to be severed, leaving a portion of the neck, and sent to the State Laboratory for examination. It should be packed in ice for shipment. A check should be started immediately to locate all of the dogs or other animals which had been bitten by the suspected animal. Orders should be issued that they must be kept confined or under leash until further notice. Upon the report of a positive finding, which can be had by wire the day the specimen is received in the laboratory, all contacts should be destroyed or given treatment. If the owner is not willing to part with the animal and is unable to have anti-rabic treatment (not vaccination) given, then the animal must be kept in confinement, not less than three weeks, and must be kept under careful observation for a year or more. Rabies is not bound to develop in any specified period but may occur many months after the animal has been bitten.

Vaccination should not be confused with treatment. Vaccination is only effective before the animal has been bitten. After becoming infected the treatment to prevent development of the disease is very much like that which is given to human beings, consisting of a number of treatments, which should only be given by a qualified veterinarian. There is no reaction in vaccination, but the treatment is not so simple. Even vaccinated dogs which have been bitten by a rabid animal should be kept in confinement for it is possible that the strain with which they were vaccinated may not be effective against the new infection.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****PREVENT BLINDNESS**

Loss of sight constitutes a serious handicap to any individual. Partial or complete blindness is a common cause of indigency, delinquency and dependency. Moreover, it would seem to one with normal vision that blindness must be a cause of much unhappiness. Many vivid stories have been written about those who must spend a lifetime in darkness, deprived of the joys of seeing the bright colors of nature, the sunshine and the faces of loved ones.

In many instances blindness is due to accidents or diseases that could be prevented. The venereal diseases, gonorrhea and syphilis, are common factors in impairment or loss of sight. Gonorrheal infection of one eye or both may occur at any age and when it occurs there is strong probability of serious impairment. Prompt and careful treatment may prove of great value in preserving the sight but prevention is of immensely greater value. Great care should always be taken to prevent genital infections. When they do occur they should have the most skilled supervision of a physician and the utmost care should be taken to avoid transfer of infectious material to the eyes.

Ophthalmia neonatorum—the gonorrheal inflammation of the eyes, acquired in passing through the infected birth canal, is so serious and occurs so often when disease of the mother is least suspected, that the use of “drops” (silver nitrate solution) in the eyes of all newborn babies is imperative.

Acquired syphilis often causes sight destroying lesions of the eye and congenital syphilis causes blindness with even greater frequency. Prevention of blindness is just another of the benefits from venereal disease control. By good behaviour anyone can minimize the danger of contracting a venereal disease which may impair his own sight and that of his offspring as yet unborn. Thorough treatment of all venereal disease patients will minimize the danger of blindness and the danger of transmitting the disease to others as well.

Among the congenital defects of vision there are some which cannot be corrected, but in many the vision can be improved or restored by the skilled specialist and the benefit of his services should always be obtained. Simple defects, requiring only glasses, often go for years uncorrected and the victim of this neglect fails thus to gain the success and pleasures of life which are his just due. It is a simple matter to suspect a defect of vision when a child complains of headache, photophobia, lacrimation, blurring of letters, fails to see the work at the blackboard or holds his book close to his eyes. It is a

BUREAU OF COMMUNICABLE DISEASES

simple matter to have such a child examined and the benefits of correcting the vision with glasses justify an outlay of many times the cost.

Less frequent defects may be corrected by more spectacular eye surgery. Cataract operation is no longer a rarity. Replacement of detached retina and grafting of new corneas have been accomplished with success.

The eye hazards of industry can be minimized by suitable safety devices. The simple use of eye shields will prevent many accidents from grinding tools, arc welding and flying particles from various high speed mechanical devices.

Christmas and Fourth of July fireworks cause hundreds of eye injuries every year. In spite of annual warnings published in the newspapers and magazines the sale of toy pistols, cannon crackers and torpedoes goes on almost without restriction. The man or woman who could induce the American people to celebrate in a happier and more useful and appropriate manner would win everlasting renown.

Every man can do his bit to prevent blindness. Try to remember and follow some of these suggestions.

DIET AND TEETH

For years we have been taught that "a clean tooth will not decay" and certainly mouth hygiene will go a long way toward preventing cavity formation. In spite of reasonable care, however, some people are unable to preserve the teeth and the periodical visit to the dentist is quite worthwhile.

Many complain that their teeth are "chalky" and will decay in spite of anything they can do. To some extent this is true. The cause is to be found in the diet which at some time in life has been lacking in some way. There are certain food vitamins which have a marked influence on the absorption of food minerals and their utilization in building a good skeleton and good teeth. The diet of the expectant mother has a marked effect on the teeth of the unborn child. If, during pregnancy and the nursing period, the mother has an adequate diet including milk, fruits and vegetables and if these items are later included in the diet of the child, his teeth are very likely to be sound. There are factors other than defective diet which may cause dental decay but attention to diet is well worthwhile and will result in benefits not to the teeth alone but the entire body.

BUREAU OF LABORATORIES
Paul Eaton, M.D., D.P.H., Director

SPECIFIC SUSCEPTIBILITY OF RED CELLS TO MALARIA

Abstract of paper read at Richmond, Virginia, November 17, 1934.*

In a study of the blood of patients who were given malaria as a treatment for neuro-syphilis (mosquito inoculation) it was observed that there were many multiply infected cells. In each of these cells, all parasites were always of the same stage of development, pointing to practically simultaneous invasion of the cell. Further study revealed the fact that there was a Poissonian (logarithmic) ratio between singly and multiply infected cells and that this ratio varied in different parts of the parasite cycle in a manner that could not be accounted for by variations in the rate of production of merozoites. This made it necessary to assume a fluctuation in the number of red cells which were susceptible to malaria infection.

Supra-vital staining of blood preparations from such cases showed that the variety of red cell known as the reticulocyte was infected with greater frequency than the adult red cell. Taking into account the phase of the parasite cycle in which the preparations were made, the proportion of reticulocytes found infected was consistent with a limitation of the infectibility of the red cells to the reticulocyte stage (10 to 12 hours in man).

I propose the hypothesis that the red cell is susceptible to malaria only during the reticulocyte stage and that merozoites liberated in the blood stream are promptly phagocyted unless they find reticulocytes which they may invade. This hypothesis will account for relapses following hemorrhage, injury, or exposure; as well as relapses following change from low to a high altitude. The common factor in these instances is the outpouring of reticulocytes.

The progress of the disease will depend upon the fortuitous phase relation between the curves representing the output of merozoites and red cells respectively. If crest meets crest the disease will get worse. If crest meets trough we have the condition for amelioration or spontaneous cure.

*Published in the American Journal of Tropical Medicine, September, 1934.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF NOVEMBER, 1934

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	5023	2588	410	234	76	8331
Diphtheria	2138	1001	47	866	42	4094
Typhoid	924	118	57	75	36	1210
Malaria	992	315	85	37	246	1675
Rabies	9	2	—	—	—	11
Tuberculosis	285	154	13	77	7	536
Gonorrhea	798	268	67	229	73	1435
Kahn	6086	3104	659	2223	279	12351
Water	—	46	14	202	—	262
Milk	258	340	69	279	92	1038
Miscellaneous	384	34	154	215	9	796
	16897	7970	1575	4437	860	31739

Specimen containers distributed.....13524

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	117 Packages
	5,000 units	44 Packages
Schick		7470 Tests
Toxoid		2895 C. C.
Typhoid Vaccine		4176 Treatments
Vaccine Virus		2450 Capillaries
Tetanus Antitoxin	1,500 units	4 Packages
Antirabic Virus		24 Treatments

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF DECEMBER, 1934

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2777	1832	84	164	31	4888
Diphtheria	1246	568	64	697	21	2596
Typhoid	682	80	29	69	35	895
Malaria	652	220	30	25	111	1038
Rabies	21	2	—	2	—	25
Tuberculosis	255	158	26	48	18	505
Gonorrhea	771	276	54	263	45	1409
Kahn	4911	2525	275	2689	190	10590
Water	—	30	8	140	—	178
Milk	226	293	102	429	68	1118
Miscellaneous	387	29	87	193	15	711
	11928	6013	759	4719	534	23953

BUREAU OF LABORATORIES

Specimen containers distributed.....13853

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	89 Packages
	5,000 units	29 Packages
Schick.....		1060 Tests
Toxoid.....		1513 C. C.
Typhoid Vaccine.....		890 Treatments
Vaccine Virus.....		1593 Capillaries
Tetanus Antitoxin.....	1,500 units	4 Packages
Antirabic Virus.....		21 Treatments

MALARIA CONTROL STUDIES

T. H. D. Griffiths, M.D., Director

PREPARING AND STAINING THICK BLOOD FILMS FOR
DIAGNOSIS OF MALARIA

1. **Clean Slides.** The first essential in the preparation of good blood specimens is clear, unscratched, unclouded, cleaned and polished microscopic slides. All slides, whether previously used or not, should undergo thorough cleaning before the blood specimen is taken. The best simple method for cleaning slides is to lay out the number of slides to be used at any particular time on paper towels spread out on a table. Make a thin mixture of "bon ami" in water, and with a clean cotton cloth dip into the mixture and rub the slides briskly. Then immediately turn the slides over (always grasping them between thumb and finger at the end-edges) and mop the other side. Leave the slides for a few minutes until the "bon ami" dries, then with a clean towel or the soft side of a clean piece of cotton flannel thoroughly wipe off the powder and polish the surfaces and edges of the slide, taking care that the hands never come in contact with the side of the cloth which is used on the glass surface. Never touch the surfaces of the slide with the fingers, for the fingers always have more or less oil on them. The cleaned slides should be kept free from dust until used.

2. **Taking the Blood Specimen.** Scrub the end of little finger (left hand, generally) of the patient, using gauze (not cotton) wet with alcohol. Allow the alcohol to completely evaporate before puncturing the skin. With palmar surface of your thumb pressed

MALARIA CONTROL STUDIES

against the nail of the patient's finger and your index finger looped around the palmar surface of the patient's finger, this pressure fills the pulpy end of the finger with blood. Holding the finger upright, prick the finger with a triangular needle or soft-tone phonograph needle. With gentle pressure, express a good-sized drop of blood. Still holding the finger upright bring the under side of the slide into contact with the crest of the drop of blood and move the slide circularly until the blood is spread into a disk about one-half inch in diameter. (It is best to make the spread about half way between the middle and the end of the slide, so that the specimen can be stood on end to stain). In doing this, care should be taken not to bring the slide into contact with the skin—only with the drop of blood. Lay the slide, blood side up, on a clean level surface and allow to dry, taking care to keep it from dust or flies while drying. After thoroughly drying, the name of the patient, or number, may be written into the dry film with a soft lead pencil. In cold or damp weather a little gentle heat will aid in drying and fixing. The specimen should be stained within from two to twenty-four hours from the time of taking. If to be stained soon after taken, gentle heat must be applied to "fix" the specimen on the slide.

3. **The Stain.** Giemsa stain (Grublers) is preferable. This can be purchased from Akatos, Inc., distributor for G. Grubler & Co., New York, N. Y., in 100 gram or 200 gram bottles.

4. **How to Prepare the Dilute Stain for Use.** The dilute stain is prepared fresh each time. The Giemsa stain solution is simply added to distilled water which should be slightly alkaline (pH value of 7.0 to 7.2). This buffered water is prepared as follows:

To one gallon of distilled water add 4 grams of KH_2PO_4 (Pot. di-hydrogen phosphate) and 8 grams of Na_2HPO_4 (Di-Sod. mono-hydrogen phosphate). Shake and dissolve thoroughly, and keep stoppered. This will keep the water from becoming acid. (Don't draw the water through rubber hose, as it becomes acid if it remains for only a few minutes in rubber).

In preparing the stain for immediate use take the buffered distilled water, 100 c. c., and Giemsa Stain Solution, 1 c. c. (33 drops) and shake just enough to mix. It is then ready for use.

5. **Staining Specimens.** The thick smear may be laid across the top of a glass tumbler or other level surface and flooded with the dilute stain, if only one specimen is to be stained at a time. Best results are obtained by standing the slide on end in a small container, so that the blood film is submerged. In order that expense may be avoided and only a small quantity used, a convenient small staining

MALARIA CONTROL STUDIES

dish may be made by filing off (or cutting with an emery wheel) a small flat bottle of a size to admit the microscopic slide. An ounce flat bottle cut off should hold about 20 c. c. of water plus 7 or 8 drops of stain necessary to stain the specimen. Allow the specimen to remain in the stain for one hour. Lift specimen and gently dip in distilled water two or three times. Let dry in air or place before electric fan for rapid drying. To examine, no cover slip is necessary. Use oil immersion objective and a 1 or 5 ocular. Instead of using cedar oil, it is preferable to use mineral oil between objective and the specimen. Then if it is desired to examine the slide again, the oil may be drained off or easily removed with xylol.

6. **Examining the thick film.** A good microscope with the required objective and ocular as stated above are essential. Rather intense illumination from the reflector is desired. Remember that you will not see the red cells, for they have their hemoglobin removed. Look for parasites in the "open" spaces between the prominently stained leucocytes. The malaria parasites in the thick film appear as in thin films, except that they are smaller on account of compression in the thick film. The parasites will appear in a faintly purplish-red background made up of the stained remains, or "ghosts" of the red cells. Frequently better stained fields for examining are found toward the border of the film, rather than in the more dense central portion. Also in benign tertian (*plasmodium vivax*) stippling of the infected cells, or Schueffner's dots, may be seen distinctly around the thin rim of the film. Remember that blood platelets are stained a delicate purplish-pink in the open spaces and should not be confused with parasites. If one sees what seems to be a parasite, then determine two or three things: There must be chromatin, or a red dot, and blue stained protoplasm, appearing as a more or less distinct ring, dash or "spread" (older schizonts), and pigment (not always present). In the up and down process of focusing, malaria parasites (the red dot and the blue cytoplasm), should appear and fade gradually, as contrasted with the quick, wobbly, refractile appearance and disappearance of dirt artefacts. Various red staining cocci, looking like the chromatin of *plasmodium falciparum* parasites, must be excluded.

Appearance of Different Species of Parasites

1. In estivoautumnal, or subtertian, malaria (*plasmodium falciparum*) one may see only the young ring form, as the older parasites are rarely found in the peripheral blood in this type. In most positive specimens there will be from a few to a hundred or more young rings per field in a thick film. The chromatin dot (or dots) is small and

MALARIA CONTROL STUDIES

the cytoplasm shows as a delicate ring or dash, of regular outline. Crescents may also be present, or this form (sexual) may occur without the presence of rings. Crescents are the most easily recognized forms of malaria parasites and at once classify the case as estivoautumnal malaria. In the thick film, particularly in the thickest part, they will appear smaller and more curved than when seen in the thin smear.

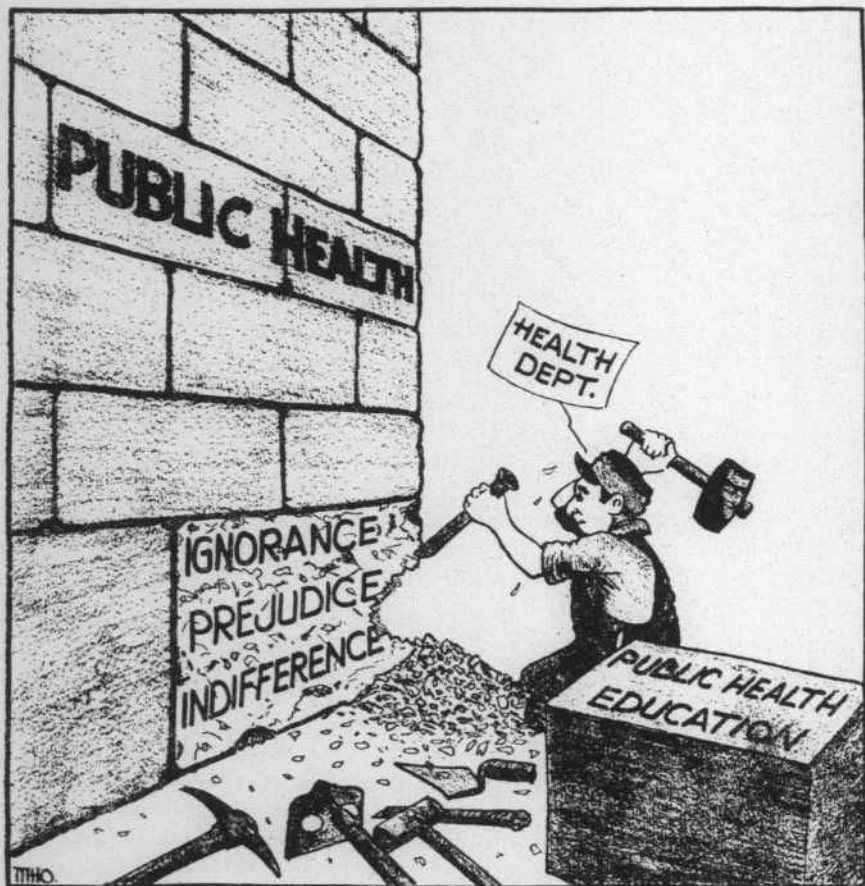
2. In benign tertian malaria (*plasmodium vivax*), young rings will show larger chromatin dots and the cytoplasm stained more intensely than in subtertian (estivoautumnal), and there generally will be parasites in various stages of development—from young rings to full grown schizonts or even segmenting parasites. Beyond the young ring stage the tertian parasites will show the cytoplasm in irregular outline, and the presence of more or less greenish-yellow pigment. Polymorphism will distinguish this (tertian) from subtertian.

3. Quartan malaria (*plasmodium malariae*) is relatively rare. The parasite is smaller and more compact, with the cytoplasm more deeply stained than in tertian. Pigment occurs, even in relatively young rings, is coarse and greenish in color. When segmenting parasites are found the number of segments will be only 8 to 10.

4. Mixed infections not infrequently occur, in which case more or less typical rings of either type may be found, or there may be crescents, as well as unmistakable schizonts of benign tertian or quartan types.

Advantages of Thick Film Method. The thick film is easily prepared. The amount of blood per microscopic field is approximately 30 times that in a thin smear. So, the chances of finding parasites in a given time may be said to be 30 times greater when using the thick smear. In a positive specimen the first parasites will generally be found in the first 10 to 20 fields, or within three minutes of the trained examiner's time. The same person would take at least 30 minutes on a thin film before calling a specimen negative, and then would not be satisfied. A study of leucocytes is readily made by the thick smear. Giemsa staining is uniformly reliable and relatively inexpensive.

Special Note. Where estivoautumnal malaria is prevalent or suspected, it should be borne in mind that one negative finding should not be depended upon. Specimens should be taken as soon as possible after the paroxysm, for then the young rings should be demonstrable. Otherwise the parasites are in the capillaries of the internal organs, and it may take repeated examinations during the next 36 to 48 hours to find parasites in the peripheral blood.



REPLACING THE CORNERSTONE

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 3

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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HENRY HANSON, M.D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

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Marianna.....	Lalla Mary Goggans, R.N.
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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
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Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. A. McPhaul, M.D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****RECURRENCE OF DENGUE**

Health Notes wishes to take this opportunity to remind all municipal authorities of the importance of checking on mosquito breeding, particularly the type of mosquitoes which breed in artificial containers. All will remember the experience we had last summer of an extensive epidemic of dengue in Miami which was brought under control by an active anti-mosquito campaign. It will be necessary for all municipalities within the State to carefully check on the condition at the present time. We were, in a way, fortunate in having enough cold weather during the winter to prevent extensive aegypti breeding, and it is hoped that the infection may have died out during the winter; this we cannot depend upon. It is possible that there may be a semidormant focus in some section of the southern part of the State which may flare up when the warm weather comes. If the municipalities allow the aegypti breeding to exist there is always danger of a flare-up of dengue. This is a municipality's responsibility.

All municipal authorities should recognize the fact that they can well afford to divert sufficient funds from other activities to a sure control of this type of mosquito breeding. It should be unnecessary to again go into the details of the work because such details were explained and distributed in the form of circulars last summer and fall. The personnel of the State Board of Health will gladly do all it can in this respect, but it must be borne in mind that mosquito breeding of this type is entirely a local problem and can only exist if local communities fail to do their work.

**NINTH ANNUAL MEETING
OF
THE FLORIDA SECTION
AMERICAN WATER WORKS ASSOCIATION**

A meeting of those interested in distribution of public drinking water supplies and therefore of interest to all Florida citizens is the ninth annual session of the Florida Section, American Water Works Association, to be held in West Palm Beach, March 27-30. The Royal Worth Hotel will be headquarters.

The General Extension Division is coöperating with the Section by offering a short course for water plant operators in connection with the meeting.

Registration is set for the afternoon of March 27, the evening being set aside for two very interesting and instructive motion picture exhibits. The meeting will be open to all who are interested in water supply.

ADMINISTRATION

Technical sessions will begin promptly at 9 A.M. Thursday morning, March 28, and will continue morning and afternoon until Saturday noon. Many outstanding authorities will be heard on the program, including S. B. Applebaum, F. E. Stuart, Chas. B. Eastwood of New York; Keith R. Chinn, West Palm Beach; V. T. Stringfield and R. E. Tarbett of Washington, D. C.; A. P. Michaels, Orlando; Dr. Henry Hanson, Dr. Paul Eaton, Louva G. Lenert, Jacksonville; L. L. Hedgepath, Pittsburgh; Dr. A. P. Black and Professor T. E. Lowe, University of Florida; President Harry E. Jordan, American Water Works Association, Indianapolis, and Treasurer W. W. Brush, A. W. W. A., New York City.

The West Palm Beach Chamber of Commerce will be hosts to the convention at a luncheon on Thursday. On Friday night there will be a banquet, entertainment and dancing. Business meeting of the Section will be held immediately upon conclusion of the technical sessions Saturday morning.

Additional information may be secured by addressing the Secretary, Louva G. Lenert, P. O. Box 210, Jacksonville, Florida.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

LIFE

"I had a little dog, and his name was Rover,
And when he died, he died all over."

So ran the nursery rhyme and so it was generally believed until it was discovered (and amply demonstrated) that the last statement, "he died all over," was not necessarily true. When Rover died, the dog was dead, but many of the individual cells which went to make up the dog remained alive and indeed might by appropriate treatment have been kept alive down to the present day, no matter how long ago the original hero of this tragedy met his sad end.

It had been suspected that individual parts of the body remained living for some time after the death of the "organism" ever since Galvani's discovery that for a time after removal from the bodies of their original owners, frog legs might be made to contract by certain electric shocks properly applied. Experiments on animals and on the bodies of executed criminals showed that muscles and nerves retained their functions for a number of hours after "death," but it remained for Alexis Carrel to prove that individual cells retained not only their physical functions but also their reproductive functions. As a result

BUREAU OF LABORATORIES

of his experiments, there is in a laboratory in New York City a mass of living cells whose ancestors were separated from the living chick-embryo of which they formed a part, more than fifteen years ago.

No more glaring example of the utter uselessness of "pure science" could be adduced by the enemies of science. That is, unless you take into account the fact that the method of "tissue-culture" based on the work of Carrel and others has thrown more light on the problem of cancer than all the other work that has been done along that line, and the probability that if the cancer problem is ever solved it will be done through some application of the "tissue-culture" method.

Columbus did not start out to discover America.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF JANUARY, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3302	2611	487	146	67	6613
Diphtheria	789	504	78	873	39	2283
Typhoid	603	99	31	70	51	854
Malaria	1087	191	28	25	158	1489
Rabies	21	2	..	..	..	23
Tuberculosis	290	209	39	100	20	658
Gonorrhea	812	405	67	336	53	1673
Kahn	5865	3393	350	4465	304	14377
Water	..	38	..	240	2	280
Milk	335	338	64	513	84	1334
Miscellaneous	283	36	75	194	30	618
	13387	7826	1219	6962	808	30202
Specimen containers distributed						14831

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	52 Packages
	5,000 units	26 Packages
Schick		3800 Tests
Toxoid		1775 C. C.
Typhoid Vaccine		2748 Treatments
Vaccine Virus		3970 Capillaries
Antirabic Virus		32 Treatments

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****PROGRESS OF THE E. R. A. NURSING SERVICE**

With one or more E. R. A. nurses in every county in the State for a year, a great deal has been accomplished. Many of these counties never before had a public health nursing service; therefore, the people never realized the valuable assistance a nurse can render in awakening the need for better health conditions not only in the home but in the community. When planning for this program, it was our desire to give to the community a service so sound that it would be appreciated and continued through local appropriations after federal funds are withdrawn. One of the best means of stimulating community interest is through lay groups. Therefore, supervisors were requested to assist the nurses in the organization of Public Health Nursing Committees in each county. Sixty of these committees have been organized. They keep informed on the activities of the nurse by meeting once a month, at which time the nurse gives her report and advises various ways they can assist in furthering the progress of the service. Through the efforts of these committees, many defects have been corrected in children whose parents were not financially able to pay. They have also assisted in securing office equipment and equipment for the teaching of home hygiene classes, have raised funds for hot lunches, cod liver oil and milk for the undernourished children and in twenty-five counties have established loan closets containing supplies for emergency use in the sick room. In two counties, appropriations have been made to continue the Nursing Service. While a generalized public health nursing program is conducted, the E. R. A. client in need of nursing care is the first consideration. Not until the promotion of the E. R. A. Nursing project was there a visiting nurse organization in the State. A permanent service has been established in Duval County, not to begin functioning until the present E. R. A. visiting nurse work is discontinued.

A few months after the State Nursing Project was in operation, the need of more training was realized. Therefore, a three weeks' didactic and practical training course was given each nurse before assigning her to a county. A similar course was established in Gainesville, January, 1935, where the nurses are given three weeks' practical rural experience.

Because of the high maternal death rate in Florida, special stress was laid on the prenatal and infant program. Through individual home visits and prenatal classes, the patients were instructed in personal hygiene, proper prenatal care, preparation for delivery and care after delivery. There has been a forty per cent decline in the maternal death rate since this service was started.

BUREAU OF PUBLIC HEALTH NURSING

In one county where public health nursing was heretofore unknown, the following excerpt was received from the E. R. A. county nurse: "Prenatal cases present a problem in the extremely passive disposition of the mother. Seldom have they made any preparation for delivery, no attendant engaged, no clothing prepared for infant or mother, and in the majority of cases no prenatal care by a doctor."

In connection with the program, a hook-worm survey was made in approximately every county. Because of the great demand made upon the State Board of Health for specimen containers, counties and cities were asked to purchase hook-worm containers. In a period of ten months, 97,699 specimens were submitted to the State Laboratory.

Home hygiene classes have proved of definite value in supplementing the services of the E. R. A. nurses. Ninety-one nurses have been authorized to hold classes in forty-six counties. Five counties have equipped permanent class rooms in the court house, school house, or post office.

The interest in personal and community health has been evidenced by the willingness on the part of the parents to allow their children to be immunized against communicable diseases. During the year, 3,040 were protected against diphtheria; 1,848 were vaccinated against smallpox; and 4,568 were given typhoid inoculation. These clinics were arranged by the nurses, who also assisted the doctors.

The school children who have never known about the prevention of communicable disease are realizing its importance. One nurse organized a room health unit in each of her nine schools. Each room has its first aid kit kept by the "doctor" and "nurse" of that room. The "doctor" and "nurse" are chosen from the pupils making the highest average and have been instructed in first aid. Each room has a chart showing those not yet immunized against communicable disease.

During the last week in January, a survey was made of unreported births, which resulted in splendid success. We were glad to co-operate with the Bureau of Vital Statistics in their annual round-up.

The supervision of midwives is also being concentrated upon. Miss Ely, who has had special training along this line, is conducting institutes for the nurses. The importance of this supervision is most evident since thirty-three per cent of all births in Florida are attended by midwives.

As the work goes on, it is interesting to note from the nurses' reports a lessening of the fear, indifference and suspiciousness manifested by many of the patients with whom they come in contact, the confidence in the service and advice offered by the nurses becoming more apparent.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****PELLAGRA**

During the early years of the depression, pellagra seemed to be on the decline. Fewer cases and fewer deaths were reported in Florida and the other southern states than during the preceding prosperous years. In 1934, however, there was an increase. Whether this was due to the accumulated effect of dietetic deficiency of a number of years or to a recent omission of protective foods from the diet list, we cannot be quite sure, but we have been convinced by the brilliant work of Dr. Goldberger and others that pellagra is due to a lack of certain foods.

In the early years of the present century much was said about corn, spoiled corn and corn products, being the probable cause of the disease. Other foods have been similarly under suspicion, but there is no food or poisonous substance known to cause pellagra. It is, however, true that the exclusive use of certain foods is very likely to be followed by pellagra because certain foods, such as corn products, polished rice, syrup and fat meat, contain very little of the pellagra preventive. People who are too poor to buy good food and not too poor to buy poor food are the ones who have pellagra. Perhaps the meager, life-sustaining grocery order of today has something to do with pellagra. Perhaps many families are willing merely to exist on this allowance and lack the ambition to plant a garden, keep a cow, or even go fishing and provide even a minimum of pellagra preventing foods—vegetables, fruit, milk, chicken, eggs, fish.

Yeast contains the pellagra preventing vitamins more abundantly than any other food. Perhaps the simple expedient of using yeast bread gives more protection than we suspect. We are told that practically all bakery bread is made to rise by the use of yeast. We are also told that much self-rising flour is sold in the South. Yeast is not used with self-rising flour in making bread.

Pellagra is a serious disease, easy to prevent, but difficult to cure and often fatal. Pellagra patients, like consumptives, soon get so they cannot work and earn money to buy suitable food. This places them in a serious dilemma if they do not receive help, so it is important for everyone to adopt the policy of preventing pellagra by eating some of the protective foods every day.

Any person with brownish discoloration of the extremities or a condition resembling sunburn or chapping of the hands, forearms, feet, legs, face and neck should suspect pellagra and consult a physician. If one member of the family has pellagra there is probable need of improvement in the diet of the entire family in order that the other members may escape the disease.

BUREAU OF COMMUNICABLE DISEASES

Physicians are requested to inquire and report to the State Board of Health whether their pellagra patients have been using yeast bread, either from the bakery or the home made variety.

Physicians, teachers, preachers, all educators and leaders are urged to help prevent pellagra by talking about its cause and about the foods which will prevent it.

PULMONARY SPIROCHETOSIS

The article on the above subject by Dr. George E. Atwood of Waycross, Georgia, published in the January Health Notes, is worthy of more than passing attention. Little is known about the incidence of the disease in Florida, but, since it is caused by an organism apparently identical with that of Vincent's disease, we should suspect it in lung and bronchial disease not otherwise accounted for.

The laboratories of the State Board of Health will examine specimens for the organism when requested to do so. Special care should be exercised in collecting specimens to prevent, as much as possible, the admixture of material from the mouth. Undoubtedly, many of the cases owe their origin to aspiration of infectious material from the mouth into the bronchial tubes during sleep. Mouth hygiene, the prompt treatment of diseased gums, decayed teeth, etc., and the removal of diseased tonsils assume a new importance in the light of these new facts.

The recent discovery of a dozen cases of pulmonary spirochetosis in one of the large chest clinics has focused our attention on the disease. Physicians are requested to report their cases.

WORK IS PLAY

One long accustomed to working—having something to do—becomes most unhappy if he suddenly finds himself without employment. It is said that a business man who retires and leads a life of idleness will actually die sooner than one who keeps on working. A hobby or any method or means of keeping busy when the busy years are over may prove a boon. An entire change of occupation is apt to give added years of pleasant occupation if the old job has ceased to be of interest and become burdensome. It is folly to feel that one can have pleasure only in some non-productive occupation, in games or any sort of play. The job in which one is interested and which gives him pleasure is a form of recreation even though he is well paid for doing it. On the other hand, we have seen many men bored to distraction while seeking enjoyment in games. So, after all, work may be play, and play may be more laborious and less joyous than work.

BUREAU OF COMMUNICABLE DISEASES

DIPHTHERIA IMMUNITY

One of the greatest advances in preventive medicine was the introduction of a method of immunizing against diphtheria by the use of toxin-antitoxin. This method was given a very extensive trial and proved its value. As time passed, the efforts of scientists to improve the method resulted in the introduction of what is called diphtheria toxoid, which gave even better results than the toxin-antitoxin. There has now been introduced an Alum Precipitated Toxoid which presents several distinct advantages over either toxin-antitoxin or straight toxoid. In the first place, the dosage is small; in the second place, only one treatment is required instead of two of toxoid or three of toxin-antitoxin; thirdly, constitutional and local reactions are very slight owing to the slow absorption of this material.

The best time to administer this prophylaxis is when the child is between six months and one year of age. The injection is comparatively painless, reactions are practically unheard of and a higher degree of immunity than either of the older methods can produce will be brought about in less time by the new method.

MALARIA CONTROL STUDIES

T. H. D. Griffiths, M.D., Director

HORSE THIEVES AND MOSQUITOES!

What a caption!

The sun has scarcely chased "the lazy darkness like mist before the sea-borne gale" before a "limousine" filled with the sheriff and his deputies draws up to Farmer McCracker's house. The "officers of the law" pile out and scurry here and yon to pick up clues. Mr. McCracker's mule has been stolen during the night. McCracker leans against the fence whittling and thinking—part time just whittling. Mrs. McCracker, with two barefoot offspring tugging at her tattered skirt, stands in the doorway wringing her pale, rough hands. In the house are five other children, too sick to come to the door, too weak to manifest excitement over the stolen mule. The whole family has "been down with 'chills and fever.'"

"Sheriff, a'ter you've ketched the thief, and I know you will, I'll git a lock for that stable," says McCracker. "Yes, but what'll we do about this sickness in the family," inquires Mrs. McCracker. She doesn't know that mosquitoes, coming through the "unlocked" (un-

MALARIA CONTROL STUDIES

screened) doors and windows, stole away the family health. McCracker's property has had legal protection through a county law enforcement organization from the day the county was established. Every effort will be made to bring his *mule* back and send the thief to the "pen." Only two counties in Florida today think enough of their *people* to have a full-time health organization to thwart the depredations of the "thieves of health."

Mosquitoes (malaria) killed 373 people in Florida in 1933.

BUREAU OF ENGINEERING

T. S. Kennedy, M.D., Director

SCHOOL SANITATION VERSUS HOOK-WORM

Cleanliness, like charity, should begin at home, but not having an army at our command to instruct and enforce the principles of sanitation, we were compelled to begin at the next best point of contact, the school, leaving homes for another program.

A recent survey of the schools, and particularly those in the rural districts, revealed conditions very unsatisfactory, conditions one would not expect to find in a civilized country. Such conditions indicate the need of close supervision over school sanitation by the State Board of Health and the coöperation of the Department of Education, including the entire personnel from the teacher in the one room rural school to the teachers and principals in our large city schools. Without their coöperation, the Health Board is badly handicapped and it is almost impossible to correct the conditions found and maintain them as they should be maintained. The responsibility for the maintenance will have to fall entirely on the principal, teachers and school boards. In a recent survey I found some of the new pit toilets in bad condition and called this to the principal's attention, advising him of his responsibility for their proper care.

It may be of interest to some to know that the school survey shows—number of schools inspected, 2,179; 279 of these schools have no toilet facilities at all; toilets with no urinals, 994; number of pit privies in disrepair, 1,018; 471 had no water supply, the water being carried from springs, neighbors, etc.; pitcher pumps, 480—a menace that should be prohibited.

Since this survey was started, there has been a marked improvement in sanitation. In a good many counties, the school boards have responded admirably to the Health Board's appeal to help put their

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schools in order. In traveling over the districts, it is gratifying to see those beautiful little houses flanking the school buildings, one on either side, in the back yard, like sentinels guarding the health and happiness of the school children. Many and varied are the architectural designs of the sanitary privies but, nevertheless, be it the Spanish type or the log cabin, it is the doom—the last resting place—of our enemy, Mr. and Mrs. *Ankylostoma duodenale* and *Necator americanus*, better known as the hook-worm. After entering this domicile, they cannot propagate or do any harm to the barefooted school children, there will be no more ground pollution, and the chickens and pigs will have to find another place to scratch and root and feed. The open back privy for schools is doomed and with the elimination of the outdoor open privies at the homes of the children, which is a part of the Community Sanitation program now under way, it is hoped that in a very short time the pale-faced, listless child, that you see sitting around, not playing, not working, behind in his studies, because of the hook-worms in his little intestines, sucking the life blood he needs so badly just at this age, will be only a memory.

A program is being worked on now, using federal aid, to rehabilitate the schools, provide new buildings where necessary, make consolidations where the school boards think advisable, which means better sanitary conditions.

As I have already stated, there has been in the last few months, a great deal of work done to make the schools as sanitary as the limited finances of the districts would permit. Some schools have installed water systems with flush toilets. One school in West Florida has installed the incinerator type toilet, the ideal type for enrollment of 200 or more, where city water is not available.

Marked improvements have also been made in drinking water plants by the installation of force pumps and drinking fountains, doing away with the pitcher pump, and by so doing, minimizing the danger of the spread of disease by children drinking out of the spout and priming the pump with dirty, polluted water.

It is very gratifying to see the interest the negroes are taking in this sanitary program. I was very much surprised when I read a report on the negro schools in Mr. Williams' office in Tallahassee last week. In Gadsden County alone, they have installed twenty sanitary pit privies and are planning for more.

The health and school authorities are getting together, pulling together and are headed for one and the same goal, school sanitation. "In unity there is strength." You may look for results.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

PUBLIC HEALTH PROGRESS NEEDS YOU



The objective in public health work is the effective control of preventable disease, and the security of health for all the people.

The first necessity to attain this objective is: A full-time health service with trained personnel for every community, and provision of adequate public funds for its support.

The first fruits of such organization and support of public health knowledge and resources will be:

Reduction of the maternal mortality rates, so that the United States will be second to no nation in the safety of motherhood.

Securing normal growth of body and mind for children, and their training in the laws and personal practices of a healthy life.

Protection of life and limb and promotion of health for the working man and woman.

An adequate supply of safe milk for every community.

An adequate supply of pure water for every community.

Elimination of tuberculosis, malaria, hook-worm disease, typhoid fever, diphtheria and smallpox, among the communicable diseases of which we have sufficient knowledge.

The aid, support and coöperation of every citizen are needed in the public health program if progress is to be made and the objectives obtained. The span of human life has been extended. This should be very gratifying to those citizens who have worked diligently in the various public health activities. Knowledge is the first prerequisite; ignorance is the most detrimental. Therefore, we should read, study and work. Your knowledge of public health is needed in your neighborhood; your city public health department needs you; your county public health department needs you; your state public health department needs you; you are needed in the national and international public health program. All citizens are urged to associate themselves with the various public health associations which have the objectives as indicated above.

Membership in the American Public Health Association automatically makes you a member of your State Public Health Association without additional dues.

BUREAU OF VITAL STATISTICS

Some reasons why you should belong to the State Public Health Association and the American Public Health Association:

The A. P. H. A. has been serving Public Health workers continuously for over sixty years. It was organized in 1872 for the purpose of accumulating public health knowledge and making it available to sanitarians, that they might apply the newer public health procedures to their own problems. It is the recognized professional society of public health workers of the United States, Canada, Cuba and Mexico.

In unity there is strength. By united action only, can best results be obtained for our profession and the people it serves. You will become an integral part of your professional society and will thereby be one of the unified group whose sole object is to promote and protect public and personal health.

You need the American Journal of Public Health. This valuable magazine is an essential part of the working equipment of every man and woman engaged in public health practice, and is the only publication which covers every branch of public health and preventive medicine. Contents each month: technical articles and editorials on current health topics, Association news, notes of the ten Sections, reviews of current books and reports on health subjects, list of new books received, a selected public health bibliography, news from the field, personal items, dates of health meetings and advertisements of approved health products. Members receive the Journal each month as one of their membership privileges.

You may want to order books. The book service of the A. P. H. A. publishes annually and distributes free to members a Bibliography on Public Health and Allied Subjects composed of more than a thousand technical and educational volumes on every conceivable health topic. Any book of any publisher may be ordered through the Book Service. Members of the A. P. H. A. receive a 10% discount on all Association publications.

You may want a technical question answered. Through the ten Sections and sixty odd technical committees of the A. P. H. A., the Information Service is prepared to answer authoritatively any question on any public health topic.

You need stimulation. No matter what your public health specialty may be, you need the stimulus that comes from direct contact with the leaders in your particular branch of work. The Association's

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membership list of almost 5,000 contains the names of experts in every phase of public health and preventive medicine—public health administration, laboratory work, vital statistics, sanitary engineering, industrial hygiene, child hygiene, food and nutrition, public health education, public health nursing, epidemiology, mental hygiene, dental hygiene, etc. These experts make valuable contributions to the profession via the Journal, the Annual Meeting, and the activities of the Sections and committees.

Contacts always help. You will profit by the professional contacts which you can make only through membership in the A. P. H. A., and attendance at Annual Meetings.

You need the right perspective. Only through membership in the A. P. H. A. can you see your work in its proper setting as part of a great movement.

You need an outlet for your own scientific work. The editors of the American Journal of Public Health and the section secretaries in charge of Annual Meeting programs are constantly on the alert for new contributions and new contributors. Affiliation with the Association and attendance at Annual Meetings makes you and your work known to them and available to them.

"It was the concensus of opinion at the Pasadena meeting of the Conference of Affiliated Societies that the State and Regional Public Health Societies affiliated with the American Public Health Association should formulate plans and make a systematic effort to increase membership in the A. P. H. A. and the Chairman was empowered to appoint such a committee. The following committee has been selected, with the advice and approval of both the Chairman and Secretary of the Fellowship and Membership Committee of the A. P. H. A.: Dr. Stewart G. Thompson, Chairman, State Board of Health, Jacksonville, Florida; Dr. C. F. Adams, State Board of Health Laboratories, Jefferson City, Missouri; Mr. Walter S. Mangold, County Health Department, Monrovia, California."

The above is an excerpt taken from a letter from Ross L. Laybourn, Chairman, Conference of Affiliated Societies of the American Public Health Association, and is in connection with the efforts being put forth to enlarge membership in the public health organizations. Various other committees are working along the same lines and encouraging membership through personal contacts, letters, etc.



HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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DIRECTORS FULL TIME COUNTY HEALTH UNITS

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Pensacola, Escambia County.....	W. A. McPhaul, M.D.

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

THE LEGISLATURE AND THE STATE BOARD OF HEALTH

There is usually a great deal of nervousness among the employees of the State Board of Health when they hear the Legislature has gone into session. I doubt that there is any more occasion for this feeling during the session of the Legislature than during the balance of the biennium. The acts of the Legislature should, and usually do, reflect the wishes and the attitude of the people. The public as a rule makes its wants fairly definitely known to those who represent them at Tallahassee and since we use the term "Representatives" it should imply that these men have gone to Tallahassee, not for the purpose of carrying out their own wishes, but the wishes of those who have placed them in this position by their votes.

The last sessions of the Legislature have been sessions when the predominating sentiment was economy. The State Board of Health was made to realize this by the first reduction of its budget in 1931 and a more drastic reduction in 1933. The reduction of 1931 compelled the Board of Health to reduce personnel and salaries. In order to come within the allotment the Child Hygiene Director was dispensed with and the Nursing Division reorganized. In fact, the Board carried only a skeleton organization of its Public Health Nursing from that time up to the close of 1933. In the legislative session of 1933 the demand for economies reached its highest intensity. The taxpayers were demanding relief from burdensome taxes and the legislators responded by reduction in appropriations. The State Board of Health was reduced to its lowest budget since 1923. In order to live within this budget general salary reductions were made and the personnel of the organization was reduced. The department which suffered most severely as a result of these reductions was the Bureau of Engineering which was obliged to eliminate the Assistant Chief Engineer and two Sanitary Officers. In a state like Florida where there are almost innumerable conditons to be watched by the Engineering Department such reduction is very unfortunate. The Bureau of Sanitary Engineering should have, in addition to a competent highly trained Chief Sanitary Engineer, not less than seven District Sanitary Officers and preferably ten. There are constant demands for advice and assistance in correcting matters of sanitation which are of vital importance to the health of the people of the State.

Again referring to the Nursing Division, we have continued with the skeleton organization remaining from the action of 1931 but have been fortunate in the arrangement which was made with the State Emergency Relief Administrator and the State Social Service Director in the organization of an extensive nursing program supervised and directed by the State Board of Health. The nurses acting in the capacity of supervisors in this enlarged program are doing the work

ADMINISTRATION

which should be done by the regular staff of State Board of Health nurses. In other words, the State Board of Health should have a nursing staff of at least fifteen who should be the supervisors of all public health nursing activities in the State.

In the present session of the Legislature, we are asking for only an appropriation which will enable us to carry on an effective health program. In the matter of legislation, we have asked that the midwife law be so amended that we will be able to prevent the incompetent and the unprepared from attempting to practice midwifery. We also feel that it is not right for ignorant untrained white or negro men to be acting in the capacity of midwives. We had a bill in the last session drawn up to bring about these corrections but this was lost in the House in the hurry of the final stages of the Legislature. This year, we hope that it may be introduced early and passed before the congested stage of the closing days of the session.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

CANCER

The purpose of writing on this subject is:—

1. To get the cancer patient or the cancer suspect into the doctor's office at the earliest possible moment for a careful conscientious examination.
2. To increase the interest of practicing physicians in putting forth their best efforts to make a correct diagnosis and the best kind of treatment.

So important to the individual concerned is the early diagnosis and treatment of cancer that we feel the necessity of presenting certain facts to the readers of Health Notes. Every physician and every actual or potential cancer patient should give serious consideration to the signs and symptoms associated with early cancer or pre-cancerous conditions.

Any irregularity of the skin or mucous membranes; any lump or change of symmetry in the female breast; irregular, excessive or intermenstrual bleeding; any chronic disturbance referable to the stomach or intestines should be investigated and the cause of any of these deviations from normal should, so far as humanly possible, be determined. The annual or semi-annual visit to the dentist and careful daily attention to the hygiene of the mouth is a valuable means of preventing cancer of the mouth and disturbances that may later lead

BUREAU OF COMMUNICABLE DISEASES

to cancer in other parts of the digestive tract. The periodical health examination should become an annual event. The physician should make complete and thorough investigation, weighing carefully the possibility of cancer in every organ and tissue. Never should examination of the pelvic organs be omitted.

It is no discredit to the family physician if he seeks consultation or refers a patient for diagnosis when there is in his mind the slightest doubt as to the presence of cancer. There is but one way to make a positive diagnosis and that is a microscopical examination by a competent pathologist.

Surgery, X-rays and radium are the only reliable curative measures and their success depends to a large extent on their early application. Many so-called "cures" have been proposed but none has proven effective. Some are dangerous because they destroy tissue and leave extensive scars. Any one of them is likely to postpone the proper treatment until it is too late.

Cancer is more common in persons past middle age but no one should be misled by this fact for a malignant growth may appear at any age.

Pain is not a common symptom of early cancer; its absence by no means justifies a feeling of security. The term "early" as applied to cancer may be defined arbitrarily as the stage of development in which cure by proper treatment may reasonably be expected. If cancer cells have been scattered from the original growth to the lymphatic glands; if the growth is more than an inch in diameter; then considerable progress has been made and cure is problematic.

Cancer-like lesions that heal spontaneously are frequently mistaken for cancer and any remedy that is applied before they heal is apt to be heralded as a cancer "cure". Reputable physicians, well trained but misguided, sometimes fall into this error. Intelligent but misguided lay persons, but most often the ignorant and dishonest, make extravagant and wholly unjustifiable claims of "genuine cures", mislead the victims of cancer and, sometimes innocently, sometimes for gain, occasion a fatal delay.

Though various chemical and mechanical irritants are known in many instances to cause cancer, there are yet many obscure factors related to their origin and some of the best scientists are engaged in an effort to discover additional pertinent facts. If, however, all that is known about cancer, its prevention and its cure could be more widely understood and applied, many lives could be prolonged and much suffering prevented.

COUNTY HEALTH UNITS**J. T. Googe, M.D., Assistant Director****COUNTY HEALTH WORK**

Florida for some years has been regarded as having one of the best central health organizations among the states, though as relates to the local health organizations, has for years been looked upon as one of the most backward states, standing in thirty-fourth position in this respect. The state of affairs has been recognized not alone by public health men within and without the State but by Florida physicians as well.

Heretofore efforts have been made for the development of local health work staffed by trained full-time officials. During the 1930 legislative session an Act was passed making legal the establishment and maintenance of such service on cooperative basis in the counties or districts. Two counties have been organized under the provisions of this Act, Escambia and Leon.

At this time it is possible to organize other counties, the United States Public Health Service and State contributing funds for maintenance of the program. There are funds available, beginning July, for inaugurating such programs in Alachua, Jackson, Orange, Pinellas, Polk and Volusia counties. Within the very near future, it is anticipated that funds may be obtained for other counties or groups of counties. Representatives of the State Department are to contact physicians and county commissioners in the various counties of the State within the near future in connection with this matter.

Activities of such a program will consist of sanitation, communicable disease control, maternal and infant hygiene, pre-school and school child hygiene and public health education. The activities to be carried on have received the approval of the American Medical Association, United States Public Health Service and the American Public Health Association.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****DUST**

Let us consider a cubic foot of Mississippi river bottom clay or of Kansas top soil. It will have a superficial area of 6 square feet and weigh approximately 120 pounds or 20 pounds per square foot of surface. It would take a high wind to move it.

Divide it into 6-inch cubes. Each one will weigh 15 pounds and have a superficial area of 1 1-2 square feet or 10 pounds per square

BUREAU OF LABORATORIES

foot of surface. The weight diminishes in the proportion of the cube of the homologous dimension. It would not take such a high wind to move this smaller cube.

By the time we have divided this clay to pinhead size (3-64 inches), we have nearly 17 million pieces; of which it would take nearly 140,000 to weigh a pound and the ratio of surface to weight has been multiplied 256 times.

Carry on this subdivision until each of these 17 million pieces has been divided into yet other 17 million and you will be approaching the size of the dust particles I see darkening the sky at this moment. Considering the very small weight of each particle and the enormously increased ratio of surface to weight, you will have no difficulty in believing that this dust might have come from as far away as Kansas.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF FEBRUARY, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2110	1757	381	118	38	4404
Diphtheria	876	576	31	863	22	2368
Typhoid	657	112	34	49	20	872
Malaria	1228	184	39	33	104	1588
Rabies	16	4		1		21
Tuberculosis	307	125	28	82	8	550
Gonorrhea	775	330	52	269	40	1466
Kahn	4923	1943	335	2769	225	10195
Water		35		196		231
Milk	259	383	124	536	40	1342
Miscellaneous	401	72	100	204	13	790
	<u>11552</u>	<u>5521</u>	<u>1124</u>	<u>5120</u>	<u>510</u>	<u>23827</u>

Specimen Containers Distributed 7379

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	105 Packages
	5,000 "	31 "
Schick		3490 Tests
Toxoid		839 C. C.
Typhoid Vaccine		3664 Treatments
Vaccine Virus		1970 Capillaries
Tetanus Antitoxin	10,000 units	1 Package
	1,500 "	2 "
Antirabic Virus		27 Treatments

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R. N., Director****MAY DAY—CHILD HEALTH DAY****The Child's Bill of Rights**

"The ideal to which we should strive is that there shall be no child in America:

"That has not been born under proper conditions

"That does not live in hygienic surroundings

"That ever suffers from undernourishment

"That does not have prompt and efficient medical attention and inspection

"That does not receive primary instruction in the elements of hygiene and good health

"That has not the complete birthright of a sound mind in a sound body

"That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being."

Herbert Hoover, President,
American Child Health Association.

May Day—Child Health Day bids all people everywhere to think and act in the interest of healthy, happy childhood and has become an established institution throughout the United States.

The purpose of the May Day celebration is to focus the attention of the parents and the public on the need of health and protective measures for childhood. The slogan this year is **"Immunize Now"**. One of our objectives should be to develop a closer relationship between the family and the physician in order that children may benefit by the advice and service he can give in promoting health and preventing illness. It is he above all persons who should immunize the pre-school child. The child of sound mind and body is a source of joy to itself and its parents.

Immunization against diphtheria with the one dose toxoid is recommended for children of pre-school age. This is the time of life when they are most in need of this protection. Sixty per cent of the children who die from diphtheria are under five years of age. For the protection of children against smallpox there is only one dependable measure and that is vaccination. Contrary to popular opinion vaccination can best be done in early infancy, at which time vaccinations can be protected from injury and contamination.

BUREAU OF PUBLIC HEALTH NURSING

During the pre-school period the child should receive at least one course of typhoid inoculations. Although typhoid fever is a disease of youth and early adult life, younger children do have the disease and should be protected. The public health nurse has a splendid opportunity to promote these immunizing procedures when assisting with plans for May Day and when making contacts with parents in her daily work.

Since the growth and future welfare of the individual depends very largely upon a well chosen diet during childhood, attention may be given to this particular phase of child health by having window displays, newspaper articles, public talks and interviews relating to the importance of correct diet and the inclusion of milk, fruits, vegetables, and cereals in the daily diet.

A great deal has been accomplished by teachers to protect children from street accidents. This is accomplished by daily instructions regarding traffic regulations, etc. For the pre-school child this training is the responsibility of the parents.

BUREAU OF ENGINEERING

T. S. Kennedy, M. D., Director

CLEAN-UP TIME

An anti-mosquito campaign is being launched by the State Board of Health to try to prevent a recurrence of dengue fever this summer.

The success of the campaign rests entirely on the shoulders of the people of the State. Proclamations by the Governor and the mayors are of no avail unless the citizens do their part in a clean-up campaign.

Doctor Henry Hanson, State Health Officer, in a recent discussion on the subject, called attention to last summer's epidemic of the fever and counselled that only "close, detailed inspection of mosquito breeding places will prevent another outbreak". His warning said, "There is a real danger that there will be a new epidemic of dengue with the approach of warm weather. This can be prevented if the State Board of Health receives the full cooperation of the individual municipalities of the State as it did last summer when strenuous and successful efforts were made to prevent the spread of the epidemic from the southeastern part of the State."

BUREAU OF ENGINEERING

Had it not been for this cooperation of the municipalities and citizens, the epidemic would have spread over the entire State. As it was, there were very few cases reported in the central and northern portions, due to the clean-up campaigns in the municipalities.

Quoting from notes prepared by Doctor T. H. D. Griffiths of the United States Public Health Service and published in a special bulletin issued by the State Board of Health on dengue, "*Aedes aegypti* (formerly and even now commonly known as *Stegomyia*) is a domestic mosquito. It breeds (produces) in and about human habitation, selecting any water contained in barrels, buckets, bottles, tin cans, tubs, pottery, discarded automobile tires, house gutters, cuspidors (even in use), flower vases, water in dishes in which table legs are set to stop ants; in anything in or out of the house which holds water for more than a week. The larvae of this mosquito may be found in a wide variety of water receptacles from cuspidors and closet bowls to holy water. One doing control of this insect should overlook nothing that holds water, from the foulest to the cleanest."

Last year we were fortunate in getting FERA aid in our campaign; we cannot depend on that labor this year. The work will depend on the towns and the individual citizens. If every property owner or renter would clean up his or her own premises, pick up all cans and other receptacles that will hold water, in the house or out in the yard, the city to haul the cans, etc., to the dump and bury or burn them, the campaign could be successfully carried out. The State Board of Health will have a District Sanitary Officer to help get the program under way where needed; but remember, we have only five such officers in the State, so do not wait. Start at once—by so doing you will help to prevent a recurrence of an epidemic that cost the people of this State thousands of dollars in doctors' bills and medicine, aside from the suffering and loss of time from work and school.

Get the clean-up started and make it a continuous one. Do not clean up this week, then let the cans and rubbish accumulate for a month. It is much easier to keep the premises clean by putting the rubbish in a box, barrel or garbage can and having it hauled away weekly and properly disposed of. In so doing, you will not only *not* be bothered by mosquitoes but you will have the satisfaction of knowing you have done your duty to yourself, your family and your neighbors.

The State Board of Health is ready to help you at any time.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director



LEGAL RECORDS

In the custody of this Bureau will be found for citizens of Florida, records of births, deaths, marriages, divorces, annulments and those persons licensed to practice the healing arts.

STATISTICAL DATA

Tabulations from the original records make available a measuring unit in connection with the span of human life, activities of preventive medicine, progress or neglect in the control of preventable diseases and sanitation.

OFFICE ROUTINE CLASSIFIED FOR 1934

Description	Total
Binding Records.....	83,713
Typing Index Cards.....	173,316
Making, numbering, checking, etc., photostats.....	20,342
Addressograph, operating, etc.....	105,421
Monthly Reports, Local Registrars, etc.....	19,150
Typing Letters.....	11,846
Addressing Envelopes, etc.....	16,090
Punch Cards sorted by machines.....	6,180,311
Numbering Original Records.....	83,713
Numbering Index Cards.....	111,253
Verifying typing on Index Cards.....	173,316
Letters, Packages, etc., prepared for mailing.....	23,343
Mailing extra Publications.....	33,495
Miscellaneous Reports prepared.....	8,516
Birth Notices to New Mothers.....	24,772
Typing Copies, Supplementals, etc., from Records.....	12,077
Operating Mimeograph.....	115,240
Filing Letters, Supplementals, etc.....	20,124
Filing Index Cards.....	173,316
Editing Certificates.....	21,665
Checking Editing.....	20,615
Searching through Index Files.....	10,184
Notices, etc., to Local Registrars.....	1,751

BUREAU OF VITAL STATISTICS

Description	Total
Notices, etc., to Casket Dealers.....	1,857
Typing, Checking, Mailing, etc., Commissions.....	3,145
Additions to Records.....	4,151
Certificates for Signatures.....	2,109
Reports, County Judges, etc.....	1,073
Reports, Circuit Clerks, etc.....	4,908
Notices, etc., to County Judges.....	339
Notices, etc., to Circuit Clerks.....	362
Posting from Applications to Licenses—Marriages.....	24,009
Checking License Sales for Unused Licenses.....	634
Typing, Checking, Mailing, etc., Doctors' Registration..	4,912
Making Addressograph Plates.....	1,565
Filing Addressograph Plates, etc.....	2,796
Operating Key Punch.....	78,832
Operating Key Verifier.....	60,979
Punch Cards Posted (Annual).....	1,096,994
Punch Cards Posted (Current).....	144,686
Current Changes on Punch Cards.....	3,176
Numbering Punch Cards.....	78,832
Certified Copy Requests Received.....	10,184
Rec'd (Completed) Supplementals, Questionnaires, etc..	6,692

LOCAL REGISTRARS

The State is divided into five hundred Local Registrars' districts. A registration district forms an important center over which the Local Registrar acts as supervisor. At this central point, physicians and midwives file original birth certificates for babies born in the district. The undertaker or person acting as undertaker files the original death certificates and secures from the Local Registrar burial, removal or shipping permits.

Each of the five hundred Local Registrars is required to copy the original birth and death certificates in a local record book and during the first ten days of the following month, forward all of the original birth and death certificates to the Central Bureau of Vital Statistics.

The United States Bureau of the Census has set a standard of ninety per cent completeness of registration, and to keep the records of Florida up to this standard requires unceasing diligence on the part of those responsible.

BUREAU OF VITAL STATISTICS

Deaths from Typhoid, by Months, by Color, Florida, 1934, as Compared with the Previous Year

TOTAL													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	5	3	3	5	6	4	4	4	1	5	3	3	46
1933	3	5	10	6	7	5	4	5	4	3	5	6	63

WHITE													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	4	1	2	2	2	3	1	1	0	2	1	2	21
1933	1	4	5	3	3	3	1	2	1	2	3	4	32

COLORED													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	1	2	1	3	4	1	3	3	1	3	2	1	25
1933	2	1	5	3	4	2	3	3	3	1	2	2	31

Deaths from Diphtheria, by Months, by Color, Florida, 1934, as Compared with the Previous Year

TOTAL													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	8	4	3	5	6	4	2	6	10	11	14	11	84
1933	6	5	6	4	5	3	3	4	2	7	7	4	56

WHITE													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	6	2	3	3	4	4	2	5	9	8	12	11	69
1933	5	4	6	3	5	2	1	2	2	6	6	3	45

COLORED													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	2	2	0	2	2	0	0	1	1	3	2	0	15
1933	1	1	0	1	0	1	2	2	0	1	1	1	11

Deaths from Malaria, by Months, by Color, Florida, 1934, as Compared with the Previous Year

TOTAL													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	26	11	22	15	15	25	43	75	56	70	52	35	445
1933	9	9	11	9	13	19	42	59	65	56	55	26	373

WHITE													
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	14	6	15	4	10	15	28	41	25	35	28	14	235
1933	6	3	3	6	8	11	20	33	37	32	33	15	207

BUREAU OF VITAL STATISTICS

Deaths from Malaria, by Months, by Color, Florida, 1934, as
Compared with the Previous Year (Continued)

COLORED

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	12	5	7	11	5	10	15	34	31	35	24	21	210
1933	3	6	8	3	5	8	22	26	28	24	22	11	166

Deaths from Tuberculosis (all forms), by Months, by Color, Florida,
1934, as Compared with the Previous Year

TOTAL

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	81	77	89	92	86	68	75	84	72	74	75	80	953
1933	95	86	88	80	86	80	96	89	80	102	75	82	1039

WHITE

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	36	35	43	31	40	26	25	33	25	25	28	34	381
1933	41	34	30	26	37	25	29	37	29	41	35	34	398

COLORED

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	45	42	46	61	46	42	50	51	47	49	47	46	572
1933	54	52	58	54	49	55	67	52	51	61	40	48	641

Deaths from Pellagra, by Months, by Color, Florida, 1934, as
Compared with the Previous Year

TOTAL

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	21	19	21	13	22	27	22	21	15	12	21	16	230
1933	11	10	10	16	23	21	22	17	12	14	22	15	193

WHITE

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	5	6	9	4	10	9	7	11	7	5	7	8	88
1933	5	2	5	7	5	5	10	5	5	7	7	6	69

COLORED

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1934	16	13	12	9	12	18	15	10	8	7	14	8	142
1933	6	8	5	9	18	16	12	12	7	7	15	9	124

BUREAU OF VITAL STATISTICS

Deaths from Diseases of Pregnancy, Childbirth and the Puerperal State, by Months, by Color, Florida, 1934, as Compared with the Previous Year

TOTAL												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	16	15	21	18	13	14	22	20	19	22	25	14 219
1933	27	21	23	24	18	24	21	21	23	34	24	25 285

WHITE												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	8	8	13	11	5	6	10	11	13	15	16	11 127
1933	14	10	13	15	9	17	12	10	14	17	13	10 154

COLORED												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	8	7	8	7	8	8	12	9	6	7	9	3 92
1933	13	11	10	9	9	7	9	11	9	17	11	15 131

Deaths from Automobile Accidents, by Months, by Color, Florida, 1934, as Compared with the Previous Year

TOTAL												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	61	40	57	47	50	39	38	45	50	42	56	83 608
1933	48	45	54	25	30	26	31	29	37	51	49	70 495

WHITE												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	43	27	39	33	40	28	29	33	37	34	46	63 452
1933	34	41	47	22	19	17	20	22	27	36	37	46 368

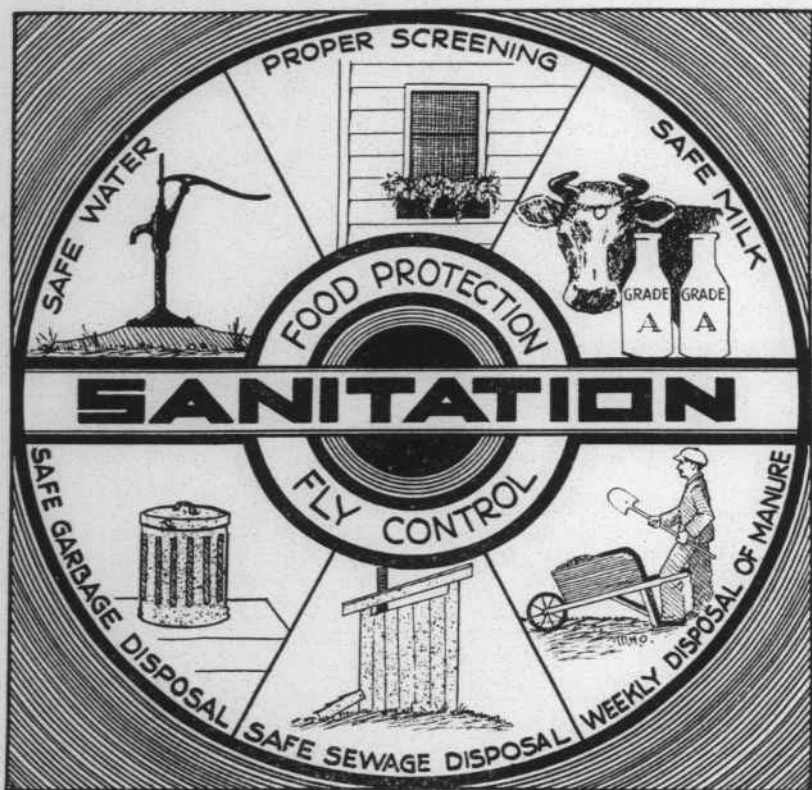
COLORED												
Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec. Total
1934	18	13	18	14	10	11	9	12	13	8	10	20 156
1933	14	4	7	3	11	9	11	7	10	15	12	24 127

Allow Children Freedom in Choosing Own Friends

"When children grow up, one of the most important things in their lives will be their relationships with their friends," Sophia Yarnall writes in her article on "Chosen Companions" in the May *Hygeia*.

"Why not begin from the cradle to let them discover which of their contemporaries are congenial? I have a theory that the more we allow our children to assume the attitudes that will be normal to them when they are grown up, the better off they are. My desire is always to shortcut them to their destination as much as possible, and I know of no better way than by allowing them to act as individuals from their earliest days."

The Public Health is the foundation upon which reposes the happiness of the people and the strength of the nation. The care of the Public Health is the first duty of a statesman.—*Disraeli.*



A Permanent Injunction Against Filth-Borne Diseases

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Vol. 27

MAY, 1935

No. 5

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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FOOD HANDLERS — *Brink*

OYSTERS — OYSTERS — *Kennedy*

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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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Pensacola, Escambia County.....	W. A. McPhaul, M.D.

ADMINISTRATION

Henry Hanson, M.D., State Health Officer

IT COULD HAPPEN IN FLORIDA

The reason I am writing this little tale is that it so perfectly illustrates what might happen in Florida if people in positions of responsibility fail to do their duty in reporting communicable disease. The State Board of Health has from time to time passed rules and regulations declaring certain communicable diseases reportable. Such communicable diseases have been declared reportable in order to keep those informed whose duty it is to take steps for the control of preventable sickness. There are several sections in the laws of the State of Florida showing the authority of the State Board of Health in matters of this kind. Chapter 7823 of the Acts of 1919 very definitely confers on the State Board of Health the power as well as "the duty to formulate such rules and regulations for the preservation of the public health as in their judgment they may deem necessary."

Last year we had an experience which illustrated what might happen in this State if certain communicable diseases were introduced. I, as well as various members of the staff, through articles in Health Notes and visiting various municipalities in the State urged control of mosquitoes breeding in artificial containers to avoid spread of a disease which is carried only by a species of mosquito which breeds in the artificial containers referred to.

In the year 1919, at the request of the Peruvian Government, I investigated an epidemic which prevailed in the northern portion of Peru in the Department of Piura. This I soon found to be yellow fever as I learned both from the nature of the cases I saw and personal experience. After reporting this to the Peruvian Government, President Leguia and his Director of National Health Department, Dr. Olachea, requested me to institute a campaign for the control and eradication of yellow fever. This was done. It took about a year and a half to accomplish control and, as it seemed, eradication of yellow fever from the Department of Piura. In the last stages of the epidemic in Piura, one individual left one of the towns in which yellow fever had prevailed, crossed the desert of Olmos, reached the next Department to the south, Lambayeque, but arrived sick and died inside of two or three days after arrival. As he was a Catholic, a priest was called to hear his confession before he died. The priest, who had lived many years in the country and had seen many such cases, recognized the sickness of this man as yellow fever. At that time, yellow fever had not been officially announced in the Department of Lambayeque and the local authorities were anxious that no such report should get out. The result of this attitude was that an attempt was made to keep this man's sickness and death more or less a secret. However, many mosquitoes had bitten the sick man soon

ADMINISTRATION

after his arrival, became infected and in about three to four weeks other cases began to show up in the community. The effort to keep the matter a secret continued; nothing was done to control the mosquitoes. After a while the cases of sickness became so numerous and so widespread that it was impossible to continue the secrecy. I was at that time doing malaria control work in the vicinity of Lima. One day in December, 1920, word came that a mysterious sickness prevailed in the northern part of Lambayeque and my assistant, Dr. Quiroz, was sent up to investigate. Dr. Quiroz reported yellow fever. On receiving this report I proceeded to the territory and after making a preliminary survey found yellow fever in eighteen of the principal towns of the Department,—all because someone thought that sickness of this kind could be kept from being made public information. The fever had spread to these many towns because no one had done anything to control the mosquitoes which were breeding in ninety per cent of the houses or yards in that community. As a result of this effort to keep the first case a secret there were 15,000 cases of yellow fever and nearly 4,000 deaths.

The mosquito which I am asking our Florida municipalities to control is the same mosquito which was responsible for the calamity on the Coast of Peru during the years 1919 to and including the year 1921. Last year we had dengue in this State. Fortunately, we have had no yellow fever since 1905 and if the municipal authorities draw the lesson which I hope they will draw from what I have said there will be no yellow fever in the State of Florida. It is fortunate that we had our epidemic of dengue because it shows what could happen in this State if some case were introduced from South America and somebody attempted to do what a few misguided Peruvians did in 1920.

Last year on account of some publicity there were some who did not read carefully what we said and tried to give out the impression that we had yellow fever in Florida. We did not have yellow fever last year, we do not have yellow fever now, and I hope that no shallow-thinking person will misconstrue what has been said. Public health consists of taking measures to prevent what can and will happen if such measures are not taken. We trust that all municipalities will continue the campaign which was started last year to control the breeding places of the *Aedes Aegypti*, thereby making it impossible for either dengue or any other disease carried by this mosquito to establish itself in epidemic form.

ADMINISTRATION

GRADUATE SHORT COURSE FOR DOCTORS OF MEDICINE IN FLORIDA

The doctors of this State are offered an unusual opportunity for postgraduate study June 24-29, 1935, at the University of Florida in Gainesville. The expense is practically nothing. No doctor who can manage to get away can afford to miss this course. Those who attend will be benefited by being better equipped.

No doctor should let any ordinary circumstance interfere with going to this course. Write Dr. T. Z. Cason, Jacksonville, for complete program.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

WRITING BACK

Did you ever watch an expert telegraph operator writing down a message as it came in over a noisy "sounder"? Unless you knew the code (or somebody told you) there would be no way for you to know that he was not writing down the message as it came in, but from five to ten words behind. That is to say, the operator's mind and body were doing two entirely distinct things at the same time, hearing one thing and writing another. Operators call this "writing back" and it is a very wonderful example of what our minds and bodies are capable of.

It seems to me that there is a resemblance here to what the statistician must do. To take a concrete example, Dr. Stewart Thompson has recently shown that in all age groups above 20 years, the mortality from tuberculosis was less in 1930 than it was in 1920. To what agencies may we attribute this improvement? It is my opinion that the death rate from tuberculosis in 1930 was more definitely influenced by corrective measures applied before 1920 than those applied after 1920. That is to say, there is a lag of ten or more years between the application of tuberculosis control measures and appearance of statistical proof of their efficacy. If we are to appraise correctly the relative values of measures directed toward tuberculosis control, we must "write back."

On such a basis, it looks very much as if the elimination of tuberculosis from dairy herds has been *one* of the most, if not *the* most, important of all the various measures ever conceived and applied.

Which reminds me of an experience of twenty-five years ago. A very rich man had acquired vast amounts of a metal for which new

BUREAU OF LABORATORIES

uses had been found in metallurgy. Somebody told this gentleman that his metal (vanadium) was a good medicine, particularly for tuberculosis, and he did me the honor of consulting me about the best way of bringing before the world the virtues of which he was so sure.

"Well," said I, "it will first have to be proved that the salts of this metal have a beneficial effect on tuberculosis."

"That's easy," said the enthusiast, "we have a trial under way at a Government hospital for tuberculosis, but if the doctors don't accept this in a reasonable time, we'll just put it on the market as a patent medicine, and ignore them."

"And what do you consider a reasonable time?" I asked.

"Sixty days," was the complacent answer.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF MARCH, 1935.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites . . .	5283	2447	274	166	51	8221
Diphtheria	748	431	91	1213	26	2509
Typhoid	939	186	19	70	22	1236
Malaria	925	292	22	46	126	1411
Rabies	6	5	..	1	..	12
Tuberculosis	353	189	21	72	12	647
Gonorrhea	926	407	75	260	53	1721
Kahn	5905	1998	458	2125	334	10820
Water . . . . .	..	44	2	184	..	230
Milk	293	384	87	500	88	1352
Miscellaneous	716	48	57	239	14	1074
	<u>16094</u>	<u>6431</u>	<u>1106</u>	<u>4876</u>	<u>726</u>	<u>29233</u>

Specimen containers distributed 9654

BUREAU OF LABORATORIES**BIOLOGICAL PRODUCTS DISTRIBUTED**

Diphtheria Antitoxin	5,000 units	12 Packages
	10,000 units	37 Packages
Schick		11510 Tests
Toxoid		3026 C. C.
Typhoid Bacterin		3481 Treatments
Vaccine Virus		2364 Capillaries
Tetanus Antitoxin	1,500 units	1 Package
Antirabic Virus		12 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING

T. S. Kennedy, M.D., Director

OYSTERS—OYSTERS

We often hear the remark, "Poor Fish"—why not, "Poor Oyster"? Let somebody, living within one hundred miles of the seacoast, get a stomach-ache, liver complaint, or dysentery and immediately the neighbors will try to trace the source of trouble to the oyster. Of course, he or she has eaten oysters—we all eat them. We also eat fruit, vegetables, meat, and drink water and milk, any one of which may be the source of the trouble, but the oyster is the first to be condemned.

The oyster is one article of food that receives more attention from the health authorities than any other. The oyster houses are inspected before a permit is granted; they are re-inspected monthly. The persons handling the oysters are examined for evidence of their having had typhoid. An extra precaution of sanitation is enforced in the plants—the men handling the shucked stock are required to wear rubber gloves, a sufficient amount of hot water is required for

BUREAU OF ENGINEERING

sterilizing cans, knives, etc., the packing rooms are thoroughly screened. Soap and towels are required in plants for the use of employees.

Samples of oysters are sent to the laboratory for examination at regular intervals during the oyster season. These samples are collected by the sanitary officers to make sure there is no mistake in collection. So you see, when the oyster leaves a certified plant, i. e., a plant with a State Board of Health permit, we know that it is fit for human consumption.

The oysters are shipped to the retailer in a metal can; this can has the permit number stamped thereon, such as FLA-8, showing where that can of oysters was packed. The waters from which these oysters are taken are inspected and guarded. No oysters are allowed to be taken from polluted waters.

So far, so good. We have brought the oysters to the retailer in a sanitary container and in a sanitary condition, free from typhoid, dysentery and other pathogenic bacteria. Subsequent handling, which is difficult to control, may introduce contamination. I have seen the retailer pour oysters from the original containers into a jar which the customer had brought, or into a cup or other receptacle, using his hands as a funnel, or pick up a dipper or cup and dip into the can of oysters. Nothing sterilized—you can readily see how the oyster may be contaminated in this way.

This is one source of pollution, but the worst menace we are confronted with is the bootleg oyster dealer. He gets his oysters anywhere; they are handled without any thought of sanitation, opened in boats, under trees or in the home, which is usually a shack, dirty, no screens and no water for washing. These bootleggers pay no license or other fee; therefore, they sell their oysters well under the price of the certified dealer. When you buy a cheap oyster you buy a dirty, bootleg oyster, for the legitimate dealer has a standard price. An epidemic of typhoid several years ago was traced to bootleg oysters which were gathered off piling of one of the docks near the outlet of the city sewer.

Give the oyster a break—buy only those coming from a certified house; buy in the original container if possible; they are packed in gallons, quarts and pints, and remember they are packed and shipped in ice, so do not blame the oyster if you take him off ice and keep him in a warm place for any length of time before eating.

Treat him right, serve him right, and he will provide a meal fit for the gods.

•

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****FOOD HANDLERS**

Most physicians do a thorough job when, for a fee, they examine a food handler and certify that he is free from evidence of communicable disease. It is a difficult task, at best, to detect all signs of disease and not overlook anything. Even the laboratory examinations with microscope and test tube, exact as they are, should be often repeated to insure accuracy. In the scope of time and for the fee allowable for a food handler's examination, we cannot expect the extreme attention to detail that a specialist would give for his wealthy patient, who will pay a handsome fee. Physicians are human and, as in other walks of life, we find one now and then who, to gratify the wishes of the person supposed to be examined or because he is in a hurry or just lazy, will issue a certificate without making much of an examination. He may thus be able to issue a certificate for a small fee. This practice will be an inducement for others to seek him out in order to avoid paying a larger fee, also to avoid more than a superficial examination. A health certificate is no more reliable than the man who signs it. At best it can only set forth the condition found at the time of the examination.

Value of Examinations Doubtful

For a long time, there has been a doubt in the minds of many as to the real value of these examinations, the degree of protection they really afford the public; but until quite recently, no one had the fortitude to abolish the practice.

On September 18, 1934, the New York City Sanitary Code was changed and the examination of food handlers abolished except for those in the milk industry. Dr. John L. Rice, City Health Commissioner, stated that greater attention would be given to the personal hygiene of food handlers and to the entire matter of food sanitation.

Carriers of typhoid and other disease germs are detected rarely and at enormous expense. One may be free of harmful germs today and a carrier tomorrow. Hence, the certificate, if correct today, may later give a feeling of security wholly unjustified and make the individual careless in his habits when rigid cleanliness, especially a

BUREAU OF COMMUNICABLE DISEASES

thorough washing of the hands after the toilet, would afford a high degree of security.

Most proprietors of establishments which serve the public are very careful to maintain the confidence of their patrons so that their business may continue to thrive. There is nothing that will so utterly destroy the business of a dairy, restaurant, oyster dealer or fountain like an outbreak of disease among the patrons. So wise proprietors are eager to adopt and enforce any rational rules suggested by the health department for the guidance of employees and the protection of customers. Hand washing and the facilities for cleanliness may be regarded of first importance.

Already a number of health departments have followed the lead of New York in modifying or abolishing the food handlers examination. The results are being carefully watched and others will doubtless follow soon.

WORMS

"If the known facts are applied to its prevention, hookworm disease will soon disappear." This forecast is just as true today as it was a generation ago when, in 1910, the state-wide war against the hookworm was just well begun.

Most of the pupils in our public schools and a great many parents have had ample opportunity to know the facts about the life history and propagation of the hookworm, how it enters the human body and how it may be prevented. Thousands of hookworm bulletins have been distributed, lectures given, lessons taught and conferences and interviews held. As a result of the educational campaign, marked progress has been made in sanitation which is the only effective means of stamping out this serious scourge of childhood.

In those early days of the campaign, it was a bit hazardous to approach a proud papa and tell him his child was wormy. How times have changed. Automobiles and highways have placed most rural dwellers within easy reach of the city. Better educational and cultural opportunities have raised the standards of living. Medical service has been placed on a higher plane, is more readily available to a larger number of our population. As a result, we see a diminishing number of children with hookworms, fewer with the severe grade of hookworm anemia that was once so prevalent. In spite of this, the disease is all too common. There are too many parents who give too little attention to the problem of the safe disposal of human wastes. Until all parents waken to their responsibility there will be sickly, listless, retarded children, the result of neglect.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****STAFF EDUCATION FOR FERA NURSES**

As each nurse is added to the Florida ERA Nursing Service, she is given an introduction to public health nursing before being assigned to duty in a county. This introductory period is of six weeks' duration. Three weeks are spent with one of our two urban visiting nurse services and the remaining three weeks' experience is gained at the rural nursing teaching center. Lectures and classes in the principles and practices of public health nursing are given along with the field experience. We believe that the nurse finds herself much more readily in her county work after having had this introductory period than without it.

In order to keep before their nurses the principles and practices of public health nursing and to increase their knowledge and understanding of this service, the District Supervisors of Nurses have conducted monthly institutes. These institutes have proven to be a source of inspiration as well as of many practical suggestions. They usually are held for one day. In some instances two or three supervisors have planned their program together and have held two-day institutes. The attendance ranges from ten to twenty nurses, and when two or three supervisors plan their meetings together, attendance has reached forty. There is always a business session where reports, new rulings, bulletins, etc., are discussed.

The current number of Public Health Nursing and the American Journal of Nursing is reviewed by one of the nurses. Each nurse gives a report of any outstanding progress or problem in her community; displays any newly acquired device to be used in the care of the sick, such as an improvised bed pan, or rubber ring; a toilet chair for the baby made by an interested father from a nail keg; a beautiful hand-painted poster for health teaching designed and presented by a talented member of the local Parent-Teacher Association; a baby bed made by a father on relief in one of the adult education classes conducted by the FERA.

During the past year, this Division has sent out monthly suggested topics relating to the principles and practices of public health nursing to each district supervisor to be discussed at these institutes. These

BUREAU OF PUBLIC HEALTH NURSING

topics have required reference readings and the State Board of Health librarian has been hard pushed to supply the demand. The supervisor has usually divided the topics, assigning one or more to each nurse, who in turn led the discussion of her topic.

Another interesting feature of these monthly institutes is the get-together luncheon. A new luncheon committee is appointed each month so that each nurse has an opportunity to serve. Some months each nurse brings from home one dish; a salad, baked chicken, pie, etc., and the whole is served by interested members of the Nursing Committee who participate in the social luncheon hour. One interesting luncheon was served as a hot school lunch—Peabody Method.

Talks by specialists of the various phases of community health and welfare in relation to our program have contributed to the success of these institutes. Many local doctors, relief workers, women's clubs, service clubs, and health-minded laymen have made valuable contributions in pointing out community nursing needs and have assisted in diminishing these needs. In addition to the opportunity of participating in the nursing program of the State Board of Health, the FERA nurses have had the further advantage of hearing many of the outstanding persons in public health through the activities of the State Nurses Association, the State Tuberculosis and Health Association, and the Florida Public Health Association. Not only local and state but also national resources have been tapped to present to the nurses outstanding features of a good public health program. The National Organization for Public Health Nursing sent a representative to instruct the nurses in the formation of lay committees. The American Red Cross sent one representative to instruct in how to teach Home Hygiene and the Care of the Sick, and another representative to instruct them in how to teach First Aid. The National Society for the Prevention of Blindness sent a representative to instruct them regarding sight conservation and vision testing.

Judging from the interest of the nurses in public health nursing and from the interest of the communities in the nursing activities, our first year's program of staff education for FERA nurses has been a successful one.

BUREAU OF VITAL STATISTICS

**Infant and Maternal Deaths and Rates per 1,000 Live Births
By Counties, Florida, 1934**

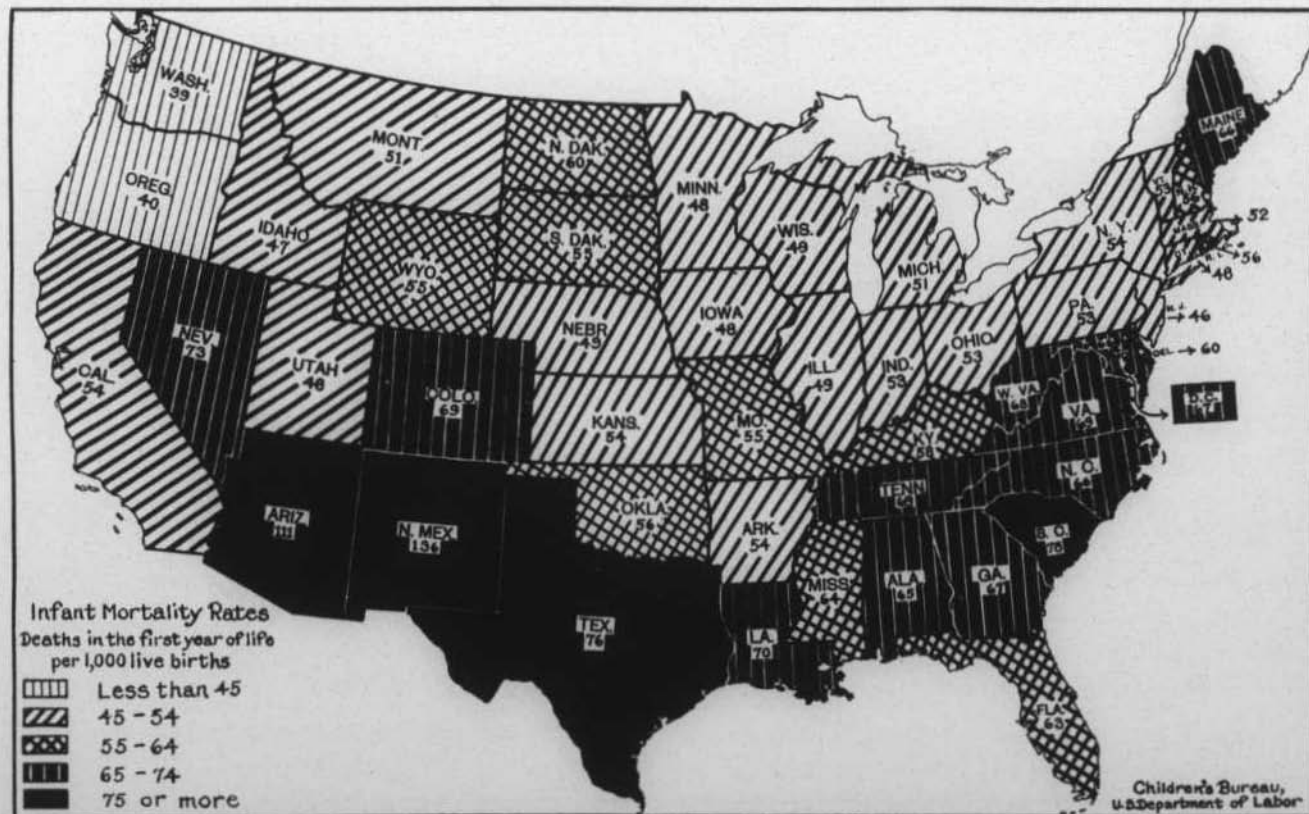
COUNTIES	UNDER ONE YEAR		PUERPERAL	
	Deaths	Rates	Deaths	Rates
0. State	1818	68	219	8.2
1. Alachua	50	77	4	6.2
2. Baker	17	101	0	...
3. Bay	28	79	0	...
4. Bradford	1	6	1	5.6
5. Brevard	5	32	0	...
6. Broward	33	91	2	5.5
7. Calhoun	15	90	3	18.0
55. Charlotte	6	113	0	...
8. Citrus	5	57	2	23.0
9. Clay	2	27	0	...
62. Collier	2	65	0	...
10. Columbia	27	84	2	6.2
11. Dade	141	60	18	7.7
12. DeSoto	12	68	0	...
56. Dixie	8	92	0	...
13. Duval	179	62	30	10.5
14. Escambia	89	77	16	13.9
53. Flagler	4	100	0	...
15. Franklin	10	85	0	...
16. Gadsden (Ex.)*	59	108	4	7.3
*State Hospital	0	...	0	...
64. Gilchrist	3	29	0	...
57. Glades	1	23	0	...
65. Gulf	3	46	1	15.4
17. Hamilton	6	33	0	...
58. Hardee	15	75	0	...
63. Hendry	7	108	0	...
18. Hernando	4	47	1	11.6
59. Highlands	14	67	1	4.8
19. Hillsboro	159	63	10	4.0
20. Holmes	20	68	2	6.8
66. Indian River	9	53	0	...
21. Jackson	62	79	11	14.0

BUREAU OF VITAL STATISTICS

**Infant and Maternal Deaths and Rates per 1,000 Live Births
By Counties, Florida, 1934—(Continued)**

COUNTIES	UNDER ONE YEAR		PUERPERAL	
	Deaths	Rates	Deaths	Rates
22. Jefferson	32	106	0	....
23. Lafayette	7	97	1	13.9
24. Lake	30	67	4	8.9
25. Lee	21	87	0	....
26. Leon	30	58	6	11.7
27. Levy	12	54	3	13.6
28. Liberty	11	109	0	....
29. Madison	27	70	3	7.8
30. Manatee	23	64	4	11.2
31. Marion	43	83	6	11.6
67. Martin	5	74	0	....
32. Monroe	12	62	3	15.5
33. Nassau	10	52	3	15.7
34. Okaloosa	12	48	5	19.9
54. Okeechobee	0		1	20.0
35. Orange	58	69	8	9.5
36. Osceola	8	56	0	....
37. Palm Beach	55	67	11	13.4
38. Pasco	16	71	1	4.5
39. Pinellas	48	57	5	6.0
40. Polk	88	63	11	7.8
41. Putnam	33	104	3	9.4
42. St. Johns	22	69	5	15.7
43. St. Lucie	8	53	3	20.0
44. Santa Rosa	16	41	3	7.7
60. Sarasota	11	56	1	5.1
45. Seminole	34	94	3	8.3
46. Sumter	11	62	0	....
47. Suwannee	34	98	5	14.4
48. Taylor	16	106	2	13.2
61. Union	5	35	1	7.1
49. Volusia	37	56	1	1.5
50. Wakulla	10	108	1	10.8
51. Walton	14	49	3	10.5
52. Washington	23	85	5	18.5

Infant Mortality in the United States, 1933

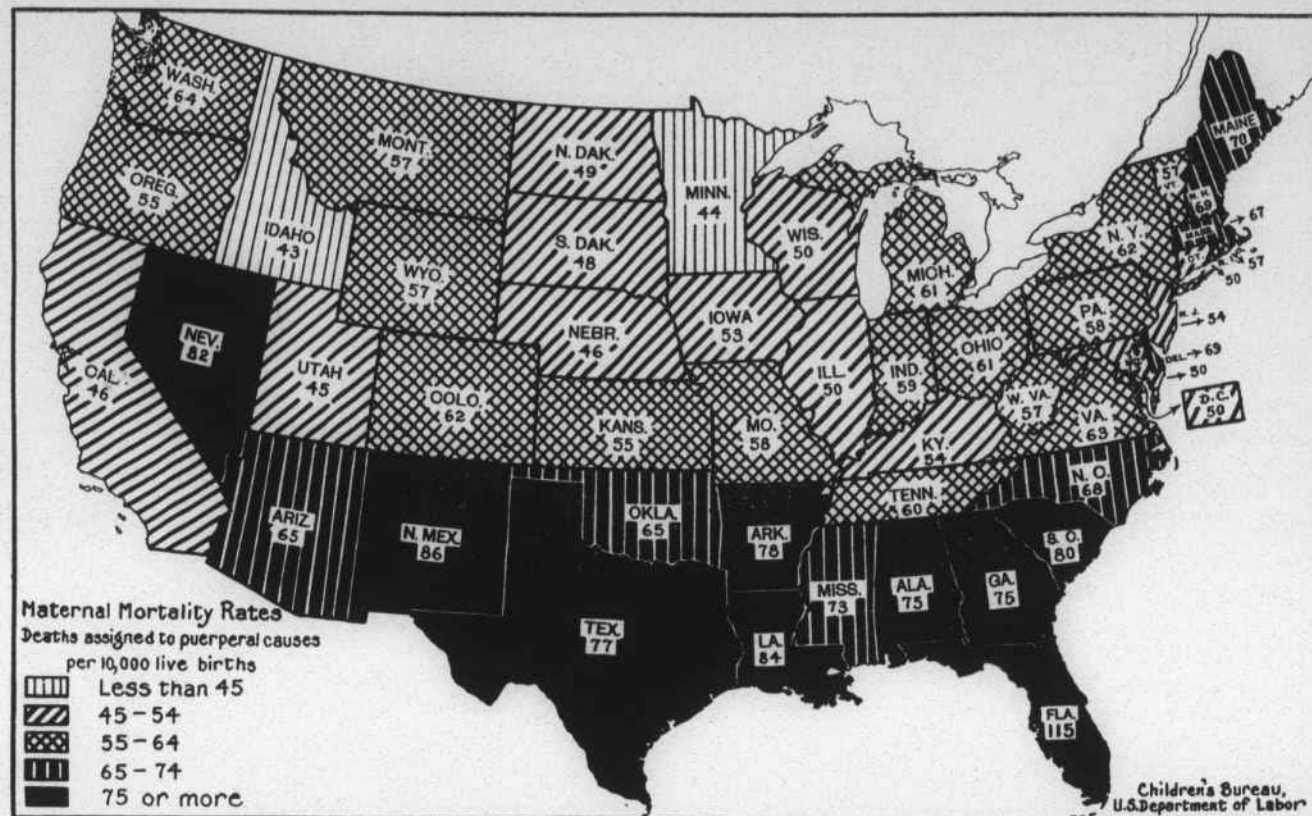


Source: U.S. Bureau of the Census

BUREAU OF VITAL STATISTICS

FLORIDA STATE BOARD OF HEALTH

Maternal Mortality in the United States, 1933



Source: U.S. Bureau of the Census

Children's Bureau,
U.S. Department of Labor

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 6

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

AN OPPORTUNITY—*Kennedy*

INSULIN AND DIABETES—*Brink*

"PIROPLASMA CANIS IN FLORIDA"—*Eaton*

DRAINAGE DITCHES AND MOSQUITOES—*Hanson*

HOME HYGIENE AND CARE OF THE SICK—*Mettinger*

INFANT - MATERNAL MORTALITY, CITIES, 1934—*Thompson*

HENRY HANSON, M.D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

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Daytona BeachR. L. Hughes, M.D.
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Henry Hanson, M.D.**BUREAUS AT JACKSONVILLE****DIRECTORS**

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*Vital Statistics.....	Stewart G. Thompson, D.P.H.
Communicable Diseases.....	F. A. Brink, M.D.
Engineering.....	T. S. Kennedy, M.D.
Public Health Nursing.....	Ruth E. Mettinger, R.N.
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Ocala.....	C. A. Holloway
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Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. A. McPhaul, M.D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****DRAINAGE DITCHES AND MOSQUITOES**

When the details of distributing work-relief funds out of the four billion dollar appropriation by Congress are worked out, I presume we will again be faced with the problem of how the money is to be used. When the CWA program broke, everyone seemed to think that the most profitable use of those funds was to spend it in ditching for mosquito control. Unfortunately, there was so much haste that we were not able to make adequate surveys and plan the drainage projects as they should be.

In mosquito control you have two varieties to deal with; one dealing principally with the *Anopheles*, the carrier of the malaria parasite. Drainage for *Anopheles* control in a state like Florida, where drainage is the practical thing to do, consists of ditching to carry away the water from areas where these mosquitoes deposit their eggs and come out in large numbers. As has been stated again and again, such drainage is only justified where there is a sufficient population to make the per capita cost a reasonable proportion. It is not enough only to dig ditches even though they be properly sloped; that is, the edges be sloped and the bottom be of the V or U type. Unless the ditches are lined, there will be erosion as well as grass and weeds growing, making an ideal mosquito production site in the ditch itself. Therefore, all ditches worth making should be concrete lined. In some places a ditch of this type might have, a short distance below its bottom, tile drains over which there is crushed rock so that all water entering the ditch will pass through these rocks and into the tile and be carried away. A few months ago a very excellent article on this type of drainage was written by Dr. Griffiths.

When one comes to the question of pestiferous mosquitoes, or salt marsh drainage, he is dealing with an entirely different proposition. In such cases, one depends entirely on the ebb and flow of water in the ditch and such ditches are so constructed that there will always be water in the ditch. Some time ago I noticed a statement in the Tampa paper that salt marsh mosquitoes could be controlled by filling. Salt marsh mosquitoes are never controlled by filling alone. Occasionally one runs into a problem where a part of the salt marsh could be filled but even then it must be supplemented by drains where the water is constantly present.

It is hoped that in this program which we are looking forward to there will be a provision for the proper lining of the ditches and that a completed job may be done. Ditching alone is simply a waste of money. Work of this kind requires the supervision and the planning of experienced personnel.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****HOME HYGIENE AND CARE OF THE SICK**

Whether we expect it or whether we are prepared for it, illness comes to every household. If the mother or some member of the family has the wisdom that will enable her to keep her family well most of the time and if when illness does come she knows how to care for the unfortunate one so as to give the greatest comfort and to bring about a speedy recovery, her field of service in her family is much wider than otherwise.

The American Red Cross Course in Home Hygiene and Care of the Sick is probably one of the best means of giving instruction to the family before sickness occurs. It is comprehensive and on its framework a series of lessons can be built to fit any group, well educated, moderately educated and uneducated.

The first part of the course deals with three general problems of human living:

1. Individual health and hygiene.
2. Cleanliness, sanitation and healthful arrangements of the home.
3. Special care of individuals in the home, babies and small children.

The second part of this subject deals with four general problems:

1. Indications of sickness.
2. Home environment of the sick.
3. Prevention of the spread of communicable diseases.
4. Devices for the comfort of the individual.

Every nurse realizes the importance of having the family understand the care of simple emergencies before the doctor or nurse arrives. She is constantly seeing the results of ignorance which very often are worse than the accident itself.

This course should be given by a nurse who has had teaching experience and should be a part of the program of every public health nurse, as it provides a means of teaching some member of the family intelligently to care for the sick and reduces the number of necessary visits, thus conserving the time of the nurse. Those taking this course not only acquire a practical instruction in the care of the sick persons in their own homes but they learn also to prevent attacks of unnecessary illness and to prevent the spread of infection after the initial case develops.

In the class a more thoroughgoing course can be given and a better understanding of the care of the sick acquired than from indi-

BUREAU OF PUBLIC HEALTH NURSING

vidual bedside instruction in the home. Women who take this course express themselves as being surprised at the value of the training. They voice their appreciation for the instruction given by the public health nurse.

The course consists of 24 lessons which can be given in a period of six weeks or the time can be extended at the pleasure of the instructor and class members. The course is well adapted for instruction in high schools and colleges where it can be correlated with other subjects. It very often relieves the student's mind of many false fears and superstitions regarding health and gives in their place a sense of security based upon the knowledge of how sickness is caused and how it may be prevented and controlled. An objective, optimistic attitude towards life is stimulated and the student's relationship to his fellows in home, school, and community is improved. It is a practical and important course in which students are taught to maintain and to preserve a healthy and wholesome community.

Many counties are poorly supplied with facilities for the care of the sick and protection of health. This is one of the important reasons for the development of this course.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

The following is reprinted from the Journal of Parasitology, Volume 20, page 132, September, 1934.

"PIROPLASMA CANIS IN FLORIDA"

"Through the courtesy of Dr. T. J. Mahaffy, of Jacksonville, I have recently had the opportunity of studying the blood of a dog which harbored *Dirofilaria immitis*. In addition to the microfilariae, I found intra- and extra-corpuseular organisms that were strange to me. These have been identified by Dr. Bruce Mayne, of the United States Public Health Service, as *Piroplasma canis*, a tick-borne Haemosporidian said to cause malignant jaundice in dogs. This observation is of interest in view of the remarkable increase in the prevalence of dog-ticks in Florida. The literature available to me does not contain any previous record of *P. canis* from this region.

"Two points are of special interest. (1) The piroplasms disappeared from the blood, as did the microfilariae, after the intravenous injection of a proprietary organic antimony preparation. (2) The piroplasms showed an especial predilection for reticulocytes, comparable to that which I have recently shown to characterize the human malaria parasites, *Plasmodium vivax* and *P. falciparum*."

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF APRIL, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	4504	2449	249	290	69	7561
Diphtheria	823	426	148	553	48	1998
Typhoid	1134	249	28	83	14	1508
Malaria	1447	350	43	35	108	1983
Rabies	9	1	---	---	---	10
Tuberculosis	360	196	41	89	6	692
Gonorrhea	852	399	43	205	49	1548
Kahn	6330	2170	496	1758	254	11008
Water	---	53	---	248	---	301
Milk	349	339	155	953	---	1796
Miscellaneous ...	777	40	82	311	8	1218
	16585	6672	1285	4525	556	29623

Specimen containers distributed..... 11587

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	5,000 units	4 Packages
	10,000 units	22 Packages
Schick		550 Tests
Toxoid		735 C. C.
Typhoid Bacterin		1217 Treatments
Vaccine Virus		407 Capillaries
Tetanus Antitoxin	1,500 units	4 Packages
Antirabic Virus		5 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY.STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING**T. S. Kennedy, M.D., Director****AN OPPORTUNITY**

Will the cities and towns of Florida take advantage of the opportunity now being offered by the Federal Government, to improve health conditions by installing modern sewerage systems and water works; an opportunity never before available and which may never be again? I refer to the Federal Public Works Program.

Quoting from Administrative Order No. 26, dated May 28, 1935:

"Re: Procedure for handling PWA non-Federal applications under the Emergency Relief Appropriation Act of 1935.

Projects and Terms:

"The President has indicated that projects should meet the following tests:

(1) The projects should be useful.

(2) Projects shall be of a nature that a considerable proportion of the money spent will go into wages for labor.

(3) Projects which promise ultimate return to the Federal Treasury of a considerable proportion of the costs will be sought.

(4) Funds allotted for each project should be actually and promptly spent and not held over until later years.

(5) In all cases projects must be of a character to give employment to those on the relief rolls.

(6) Projects will be allocated to localities or relief areas in relation to the number of workers on relief rolls in those areas.

"Financing will be by a grant of 45% of the funds furnished by the Government and expended for the project, the remaining 55% to be loaned at 4% interest by the Government only. The amount loaned must be evidenced by valid obligations, repayment of which is expected, and which will mature serially in annual installments, if permitted by law. The final maturity will be within the estimated useful life of the project."

To further explain the above, if your town wishes to put in a sewerage system, your Engineer may tell you it will cost \$100,000;

BUREAU OF ENGINEERING

all right, the Federal Government will grant you \$45,000, provided you comply with the rules governing such grant, and will loan you \$55,000 at 4% interest (was 3%) provided further, you have not the \$55,000 in your savings account and are unable to float a loan from other sources.

The loan is a lien on the utility only, not a general bond issue, and to be paid by revenue from the utility only.

A bond of this kind finds a ready market. The rate of interest was raised from 3% to 4% to make them more attractive to the buyer.

The 55% being taken up by the bond buyer leaves more money for the Federal Government to use in grants.

The recent Legislature, sensing such a ruling out of Washington, passed Senate Bill No. 515, making it possible for the cities and towns to take advantage of this opportunity.

Senate Bill No. 515; A Bill to be Entitled:

"An act to promote the Public Health, Safety and Welfare by Authorizing Municipalities in the State of Florida to construct, extend, operate and maintain water work systems, sewerage systems, sewage treatment works, garbage collection and garbage disposal plants, airports: To provide method of financing the same: To provide for municipal or private ownership and to provide for the granting of franchises in the event of private ownership; To provide for the fixing of rates or charges for the use of Utilities described herein: To provide for the granting of the right of eminent domain necessary for the accomplishment of the purposes of this Act; To provide for the fixing of zones or areas to be served by the utilities constructed or operated under authority of this Act: And to provide for a referendum and fixing the conditions of the same."

The Bill was amended in the House to include gas plants.

The Bill passed both Houses as amended and was signed by the Governor.

Copies of the Bill and copy of Procedure for Handling PWA Non-Federal Applications will be furnished by this department gratis, to municipalities interested in building or improving their sewerage or water systems.

This department is ready to assist you at any time. Do not overlook this **OPPORTUNITY**.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****INSULIN AND DIABETES**

Insulin is produced in the pancreas of man and other animals by certain specialized groups (islands) of cells known as the islands of Langerhans. The oxidation of carbohydrates, i. e., the utilization in the body of sugars and starches, depends upon insulin. If these specialized pancreatic cells do not function there accumulates in the blood an excess of sugar and, in most cases, some of the excess sugar is excreted by the kidneys with a large volume of water. This condition is called diabetes. Because of this excessive elimination large amounts of water are required to satisfy the thirst of the diabetic. Frequently there is also a disturbance in the body's use of proteins and fats. Just what causes the disturbance in the body economy of a diabetic is not known but three things have been observed as characterizing the majority of diabetics. These are: overeating, particularly sweets and starches; sedentary habits; and obesity. These should suggest moderation in eating and a reasonable amount of exercise. The most common complaints of a diabetic are thirst, frequent urination, hunger, weakness and itching.

Like many other diseases, diabetes is easier to prevent than to cure and easier to cure if discovered and treated early. The annual health examination tends toward early discovery. If there is obesity or other evidence of disturbed metabolism there should be a determination of the blood sugar and the metabolic rate.

Insulin must always be administered with the hypodermic needle. For some few diabetics this offers the only means of survival. It is not a pleasant method of administering medicine, two or three doses a day. The dosage and the diet must be carefully determined, adjusted and readjusted from time to time for each patient. The cost of the insulin itself is said to vary from ten or fifteen cents a day to as much as one dollar. Some authorities say the average cost is about fifty cents a day or about \$180 a year.

For many good reasons, some of which have just been indicated, the use of insulin is to be avoided if possible. The majority of diabetics can get on very well by a regulation of the diet. This requires careful supervision by a physician who has made a study of diabetes and its treatment; it requires also the complete and intelligent coöperation of the patient and very often, of another person who can supervise the diet for the patient, prepare the foods and see that only properly weighed or measured amounts are consumed. This seems like a formidable task for one not trained in dietetics and it is somewhat difficult at first, but many have succeeded and the task soon comes to seem rather simple. The reward is usually a prolonged and

BUREAU OF COMMUNICABLE DISEASES

relatively comfortable life for the patient **without** insulin and many diabetics make what seems to be a complete recovery. At least they can have a rather liberal diet without return of the disease. The specialized cells of the pancreas seem to recover and to function normally when relieved and rested for a time from overwork.

ATHLETE'S FOOT

This infectious skin disease, which has become rather common, may give the patient very little trouble in winter and become very troublesome during the warm summer months when perspiration keeps the feet damp. Wearing perforated, ventilated shoes or sandals is found to be a very helpful way of preventing the return of the disease.

JOE L. EARMAN

Joe L. Earman of West Palm Beach was elected president of the Florida State Board of Health in July, 1919, and served in this capacity until June, 1921. He took an active and intelligent interest in public health. His death in a Miami hospital on May 9th leaves many sorrowing friends.

"STUFFING" THE BABY IS THE FREQUENT CAUSE OF INFANTILE ECZEMA

Stuffing a baby in a frenzy to see him gain weight may be the direct cause of his eczema, Dr. Dennis Kelly and Myrtle Meyer Eldred point out in the third article of the series on "Why the Baby Has Eczema" appearing in the July *Hygeia*.

The diet is the most frequent cause of infantile eczema. Overfeeding of rich milk often cripples the baby's digestion. The burden of extra fat, which is the last food element to leave the stomach, sometimes inhibits the digestion of the proteins, throwing them undigested into the blood stream.

Some infants tend to suffer irritation from foods which are being eaten by the mother. Others possess an idiosyncrasy toward such foods as eggs, cereals or vegetables. The sensitivity may, of course, be a gradual development.

During the child's second year it is a great temptation to overwhelm him with starchy foods, such as crackers, bread and butter, potatoes, bananas and often candy.

Fruits are most infrequently listed as possible irritants. Usually both orange juice and tomato juice, with their high vitamin C contents, are needed in the diet of the eczematous child.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****MATERNAL MORTALITY**

In last month's issue of Florida Health Notes, maternal mortality was shown by counties for 1934. It was not possible to comment on the figures as shown in the table as space would not permit. During the calendar year 1934, the maternal death rate in Florida was 8.2 per 1,000 births. This represents the lowest rate from this cause in the history of the State.



The causes which influenced the marked reduction in the death rate from puerperal causes cannot be definitely determined although some of the causes might safely be mentioned. A low rate for one individual year cannot be expected always for the next year. It is hoped that the means used in lowering the rate for 1934 will be as effective in the coming years, so that we may rightfully expect to see the deaths from diseases of pregnancy, childbirth and the puerperal state further reduced.

INFANT MORTALITY

The statement in the above paragraph explains why no comment could be made on last month's infant mortality rates by counties. During the calendar year 1934, the infant mortality rate was 68 per 1,000 births, and is the highest rate in the State of Florida since 1927. The lowest infant mortality rate in Florida was for the year 1932 when the rate was 61.

For a number of years it has been gratifying to note a steady decline in the infant mortality rate in Florida. What has changed the picture in 1934? Why have more babies under one year of age died during the past year in proportion to the number of births which occurred? The question now arises: why was there an unusually high infant mortality rate for 1934 and during the same year, an unusually low maternal death rate?

BUREAU OF VITAL STATISTICS

Deaths from Diseases of Pregnancy, Childbirth and Puerperal State,
and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1934

Cities 100,000 and Over Population

CITIES	TOTAL		WHITE		COLORED	
	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births
Jacksonville	30	11.5	14	8.1	16	18.3
Miami	17	9.5	8	6.0	9	19.9
Tampa	8	4.8	5	3.7	3	9.7

Cities 10,000 to 100,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births
Daytona Beach	1	3.5	1	5.2	0	—
Ft. Lauderdale	1	5.6	1	7.8	0	—
Gainesville	3	11.1	2	11.0	1	11.4
Key West	3	15.5	1	6.1	2	66.7
Lakeland	4	11.2	4	14.0	0	—
Orlando	7	13.4	2	4.8	5	48.5
Pensacola	13	19.0	11	20.0	2	14.7
St. Augustine	4	16.2	1	5.6	3	42.9
St. Petersburg	4	7.4	0	—	4	35.7
Sanford	2	9.2	2	18.0	0	—
Tallahassee	1	4.4	1	8.8	0	—
West Palm Beach	6	13.2	3	9.3	3	22.6

Cities 5,000 to 10,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births
Bartow	3	24.2	3	32.3	0	—
Bradenton	1	9.5	0	—	1	29.4
Clearwater	0	—	0	—	0	—
Coral Gables	1	10.6	1	10.8	0	—
DeLand	0	—	0	—	0	—
Ft. Myers	0	—	0	—	0	—
Lake Worth	1	17.2	1	17.5	0	—
Miami Beach	0	—	0	—	0	—
Ocala	5	27.5	5	40.7	0	—

BUREAU OF VITAL STATISTICS

Deaths from Diseases of Pregnancy, Childbirth and Puerperal State,
and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1934

Cities 5,000 to 10,000 Population—Continued

CITIES	TOTAL		WHITE		COLORED	
	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births
Palatka	3	21.1	2	26.7	1	14.9
Panama City	0	—	0	—	0	—
Plant City	0	—	0	—	0	—
River Junct. (Ex.)	0	—	0	—	0	—
State Hospital	0	—	0	—	0	—
Sarasota	1	6.2	1	9.2	0	—
Winter Haven	0	—	0	—	0	—

Cities 2,500 to 5,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births	Maternal Deaths	Per 1,000 Births
Apalachicola	0	—	0	—	0	—
Arcadia	0	—	0	—	0	—
Avon Park	0	—	0	—	0	—
DeFuniak Springs	0	—	0	—	0	—
Eustis	0	—	0	—	0	—
Fernandina	0	—	0	—	0	—
Ft. Pierce	3	22.2	3	29.4	0	—
Haines City	0	—	0	—	0	—
Hialeah	0	—	0	—	0	—
Hollywood	0	—	0	—	0	—
Kissimmee	0	—	0	—	0	—
Lake City	1	9.1	1	14.1	0	—
Lake Wales	0	—	0	—	0	—
Leesburg	1	7.4	1	12.2	0	—
Live Oak	1	19.2	1	28.6	0	—
Manatee	1	10.6	1	14.9	0	—
Marianna	0	—	0	—	0	—
Melbourne	0	—	0	—	0	—
New Smyrna	0	—	0	—	0	—
Palmetto	1	21.7	0	—	1	34.5
Perry	1	25.6	0	—	1	55.6
Pompano	0	—	0	—	0	—
Quincy	2	22.2	2	50.0	0	—
Sebring	1	12.8	0	—	1	47.6
Tarpon Springs	1	20.0	1	25.0	0	—
Wauchula	0	—	0	—	0	—
Winter Park	1	26.3	0	—	1	43.5

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1934

Cities 100,000 and Over Population

CITIES	TOTAL		WHITE		COLORED	
	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births
Jacksonville	169	65	102	59	67	76
Miami	110	61	71	53	39	86
Tampa	106	63	76	56	30	97

Cities 10,000 to 100,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births
Daytona Beach	15	52	9	47	6	63
Ft. Lauderdale	16	89	11	85	5	100
Gainesville	22	81	10	55	12	136
Key West	12	62	8	49	4	133
Lakeland	22	61	13	46	9	123
Orlando	37	71	25	59	12	117
Pensacola	64	93	42	76	22	162
St. Augustine	15	61	6	34	9	129
St. Petersburg	36	67	19	44	17	152
Sanford	21	97	5	45	16	151
Tallahassee	16	70	3	27	13	112
West Palm Beach	31	68	12	37	19	143

Cities 5,000 to 10,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births
Bartow	10	81	8	86	2	65
Bradenton	6	57	4	56	2	59
Clearwater	6	42	3	27	3	100
Coral Gables	3	32	3	32	0	—
DeLand	9	77	6	71	3	91
Ft. Myers	20	112	15	101	5	167
Lake Worth	5	86	5	88	0	—
Miami Beach	3	41	3	41	0	—
Ocala	19	104	9	73	10	169

BUREAU OF VITAL STATISTICS

Infant Mortality—Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births, by Color, by Cities, Florida, 1934

Cities 5,000 to 10,000 Population—Continued

CITIES	TOTAL		WHITE		COLORED	
	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births
Palatka	14	99	4	53	10	149
Panama City	13	64	9	55	4	108
Plant City	11	51	9	52	2	47
River Junct. (Ex.)	2	54	1	29	1	333
State Hospital	0	—	0	—	0	—
Sarasota	11	68	5	46	6	115
Winter Haven	8	48	5	36	3	103

Cities 2,500 to 5,000 Population

CITIES	TOTAL		WHITE		COLORED	
	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births	Under 1 Year Deaths	Per 1,000 Births
Apalachicola	9	111	2	49	7	175
Arcadia	9	69	5	48	4	154
Avon Park	7	69	2	26	5	200
DeFuniak Springs	6	102	4	83	2	182
Eustis	5	104	2	83	3	125
Fernandina	4	100	1	53	3	143
Ft. Pierce	8	59	6	59	2	61
Haines City	2	25	1	18	1	42
Hialeah	0	—	0	—	0	—
Hollywood	2	69	2	80	0	—
Kissimmee	5	68	4	69	1	63
Lake City	10	91	6	85	4	103
Lake Wales	7	85	4	63	3	158
Leesburg	11	81	2	24	9	170
Live Oak	6	115	4	114	2	118
Manatee	6	64	5	75	1	37
Marianna	5	58	5	94	0	—
Melbourne	1	31	1	43	0	—
New Smyrna	3	41	2	37	1	50
Palmetto	1	22	0	—	1	34
Perry	4	103	2	95	2	111
Pompano	6	85	1	71	5	88
Quincy	11	122	5	125	6	120
Sebring	7	90	5	88	2	95
Tarpon Springs	2	40	1	25	1	100
Wauchula	7	108	7	109	0	—
Winter Park	2	53	0	—	2	87

No Protection—Unhappy and in Grave Danger



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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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ADMINISTRATION

Henry Hanson, M.D., State Health Officer

KEEP STATE BOARD OF HEALTH ON MILLAGE

Experience has pointed to a millage as the most satisfactory source of revenue for the maintenance and operation of the State Board of Health. This principle seems to have been recognized when the State Board of Health was created in 1889, inasmuch as the Legislature voted one-half mill on all assessable property to pay the costs of the operation of the department. During Dr. Porter's administration over a period of 27 years, revenue for the Health Department was obtained in this manner. In the Legislature of 1921, certain men in a misguided zeal to show their readiness to save money, were responsible for reducing the millage from one-half to one-fourth mill, an act which caused a great deal of embarrassment to the State Board of Health, as well as to Governors and those who have been interested in an effective health program in the State. The Legislature of 1933 voted to reestablish the one-half mill but, unfortunately, placed a limitation on the amount which the State Board of Health could spend. The millage actually brought in to the state treasury about \$60,000 more than the Legislature had authorized the board to spend. The appropriation of 1933 was the lowest since 1923, and many of the employees have been on deplorably low pay. During the last two years foods have increased in price, in some instances to nearly double what they were in 1932 and 1933. It has been a very difficult time for the person on an inflexible wage scale.

In 1935 the State Board of Health was very cautious in asking for increases and in no case asked for more than a reasonable rate of pay, and then not in proportion to the merits of the work. It prepared a budget which, after very careful deliberation, it presented to the Budget Commission; the Budget Commission approved and in turn presented to the Legislature. The budget was drawn up so that the State of Florida might enjoy an allotment from the funds provided in the Social Security bill which has since been enacted in Congress.

The State Board of Health is seriously handicapped in an insufficient number of public health nurses.

The Legislature cut \$25,000 out of the amount requested by the board and approved by the Budget Commission, which reduced the amount which could be made available to Florida from outside sources by that much (\$25,000).

As long as we have to depend on appropriations we will always have difficulties. If a definite levy of one mill were made to be a continuing levy for the operation of the health department, the board could function much more efficiently, and would always know within reasonable limits what it had to work on.

ADMINISTRATION

It would be entirely fair that all property should carry this assessment. Property values reflect the general health of the community. Neither homesteads nor any other form of property should be exempt from its just contribution for the conservation of the health of the people.

At the special meeting of the State Board of Health, in the library of the board, on July 8, 1935, the name of the Bureau of Sanitary Engineering of the Florida State Board of Health was changed to be henceforth the Bureau of Sanitation.

BUREAU OF PUBLIC HEALTH NURSING

Ruth E. Mettinger, R.N., Director

THE SOUTH FLORIDA INSTITUTE FOR MIDWIVES

The first South Florida Institute for negro midwives was held in Miami at the Booker T. Washington High School, June 1-6, 1935. At the invitation of Dr. Henry Hanson, State Health Officer, 56 registered midwives of nine South Florida counties convened for one week of instruction in midwifery and allied subjects. A graduate nurse, Ruth Robins, of the Island of Bimini, came to Miami to attend this Institute, in order to be of more assistance to the midwives in her country.

The course of instruction was arranged by the State Board of Health with the assistance of the Miami Public Health Department. Eight Miami physicians contributed one lecture each to this course. Eleven full-time and seven part-time graduate nurse instructors, with two others devoting full time to administrative details, made the Institute run smoothly.

The subjects taught were:

- I. Midwife Equipment:
 - a. Model bag demonstration.
 - b. Inspection of bags.
 - c. Making cord dressings.
 - d. Making wipes.
 - e. Folding and wrapping supplies.
 - II. Prenatal Care:
 - a. Definition of prenatal care.
 - b. The importance of prenatal care.
-

BUREAU OF PUBLIC HEALTH NURSING

- c. Instructions which the midwife should give her patients:
 - 1. Importance of a physical examination.
 - a. Urine and blood test.
 - 2. Danger signals.
 - 3. Health habits.
 - a. What the mother should eat and drink (display of foods).
 - b. Sleep, rest, exercise, and cleanliness.
 - c. Clothes (exhibit).
 - 4. Things to have ready (exhibit and demonstration).
 - a. Sterile.
 - b. Unsterile.

III. The Delivery:

- a. 1. Preparation for delivery.
 - a. First stage.
- 2. Care during delivery.
 - b. Second stage.
 - c. Third stage.
 - d. Immediate care of mother and baby.
- b. 1. Tying cord (demonstration).
- 2. Scrubbing hands (demonstration).
- 3. Making paper delivery pan and paper waste baskets.

IV. Postpartum care:

- a. Nursing care during the puerperium.
- b. The mother's tray.
- c. Care of the breasts.
- d. Breast feeding.
- e. Perineal care.
- f. The mother's food.
- g. Birth registration.

V. Infant care:

- a. The infant's layette (exhibit).
- b. The baby's bed (demonstration).
- c. Preparing the baby's tray and bottles (demonstration).
- d. The baby's bath (demonstration).
- e. Additional foods for the first year (demonstration).

VI. Home Nursing—demonstrations and practice:

- a. Bed bath.
- b. Bed making.
- c. Giving an enema.
- d. Filling a hot water bottle.

These subjects were taught chiefly by the demonstration method and supervised practice periods were provided so that each midwife had an opportunity to demonstrate to the instructors just what she had learned.

BUREAU OF PUBLIC HEALTH NURSING

James E. Scott, negro welfare worker and founder of International League of Negro Mothers, ably assisted in the administration of the Institute, securing pleasant rooms and good meals for the out-of-town midwives within walking distance of the Institute at the small cost of \$5.00 each for the week. He also directed the recreation program, which included a bus trip around the city. The members of the Dade County Midwife Association arranged a most enjoyable social evening for the visiting midwives, generously serving delicious refreshments. Pastors of the Miami churches conducted the morning devotional services which began each day.

Many of the district Florida ERA nurses who came to observe our methods of teaching midwives expressed themselves as having enjoyed a good brushing up.

The value of the Institute to the midwives is aptly expressed in this letter to the State Board of Health:

"I would have wrote sooner but I was trying to think how to give thanks to you all for a lovely kind and friendly Existute in Miami, Fla. I once thought it was Enough but now I am redy to come again. Many thanks to you all from your Faithful servent."

BUREAU OF SANITATION

T. S. Kennedy, M.D., Director

WATER-BORNE DISEASES, YESTERDAY—TODAY

When we speak of water-borne diseases we have in mind those diseases transmitted from man to man by drinking water which has been contaminated with the virus of typhoid, paratyphoid, dysentery or cholera, from the excreta of a person or persons having, or having had the disease.

Yesterday, very little was known of and very little thought was given to the disease produced by drinking water containing pathogenic bacteria.

Pasteur, the founder of preventive medicine, lost not only his brilliant assistant, Thuillier, through death from cholera, but in addition two of his daughters from typhoid.

Louis IX, King of France, on his second crusade, succumbed to dysentery. Among other notables who were victims of water-borne diseases and lost to the world, we might mention Hegel, German philosopher, victim of cholera in 1837; Prince Albert, "Albert the Good," consort of Queen Victoria, from typhoid; our own Zachary

BUREAU OF SANITATION

Taylor, twelfth President of the United States of America, died of typhoid in 1850. The rich and poor alike were victims of these dreaded diseases.

During the Spanish-American War, the Americans lost many more men from typhoid fever than from gunshot wounds and all other causes combined.

Troops being mobilized at Chickamauga and other points were obliged to drink water from sources which were unprotected and untreated; typhoid soon broke out in these camps.

These same troops were sent to Porto Rico, Cuba and Philippine Islands; the waters there were soon polluted; typhoid was inevitable; with the lack of hospital facilities and the proper food for the sick, the high mortality rate could be expected.

Today, another story; through the untiring efforts of the chemist, the bacteriologist, the State Boards of Health and United States Public Health Service, the water supplies in most cities have been made "fit for human consumption," either by aeration, filtration, sedimentation or chlorination, or a combination of treatments where found necessary.

The drinking water in our cities and the water used by common carriers, railways, steamships and air lines is carefully watched by the State Board of Health. Samples of the water are sent to the laboratory regularly for bacteriological examination. In May, 1935, there were 586 samples of water examined in this laboratory from: Public supplies, 423; private, 138; bottled water plants, 27. These analyses are made by Miss Lena W. Starck, Water Analyst of the Bureau.

The cities, realizing their responsibility to their patrons, are using modern methods of treatment to provide a water free from pathogenic bacteria. The incidence of typhoid and other intestinal diseases, as shown by report from the Bureau of Vital Statistics, proves beyond a doubt that water properly treated will reduce these diseases to a minimum. Statistics show "18 careful cities went through the whole of 1933 without a single death from typhoid." (W. W. & S.).

It is very gratifying to note the death rate from typhoid in Florida, which for 1933 was 4.1 per 100,000 population, the lowest ever noted in this State. These cases cannot all be charged to water as there are many other sources through which the typhoid germ may enter the intestinal tract.

It is expected that we will have sporadic cases scattered over the State, due to other sources of infection, but where typhoid and other intestinal diseases are due to contaminated drinking water, an epidemic results.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****THE ROYAL TOUCH**

Man's first idea of the origin of disease was that it was due to the presence in the body of evil spirits, or devils, which entered the body as a punishment for wrong-doing, or out of pure spite. There were various ways of getting rid of these evil spirits. One way was to beat, torture or otherwise abuse the victim of the evil spirits' malignity until the spirit became discouraged and left. The unfortunate part about this method of treatment was that the patient so often became discouraged first, and died.

Another method was to oppose spirit to spirit. This involved a struggle between spirits and sometimes the spirit invoked was not strong enough to cast out the original invader. Sometimes he was strong enough but of an equally bad disposition and that left the patient in a somewhat worse condition than he was in to begin with. The real way was to cast out the evil spirit by invoking the aid of the true God. At first those who used this method were priests, or holy men, but there came a time when it seemed as though God was not so particular about the moral character of his representatives on earth. Do not mistake this for irreverence. It is merely an attempt to emphasize the ridiculousness of the theory of the "divine right of kings."

For seven hundred years there existed in England and on the continent a custom which was ultimately based on this belief in the divine right of kings, the belief that the king was actually God's representative on earth no matter how vile his personal character might be. I refer to the custom of "touching" for the King's Evil. Listen to a description of the custom at the height of its popularity. I quote from Evelyn's Journal for the date, July 6, 1660.

His Majesty began to touch for the Evil according to custom, thus: His Majesty sitting under his state in the banqueting house, the surgeons cause the sick to be brought, or led, up to the throne, where they kneel; the King strokes their faces or cheeks with both hands at once, at which instance a chaplain in his formalities says, "He put his hands upon them, and he healed them." This is said to every one in particular. When they have all been touched, they come up again in the same order, and the other chaplain kneeling, and having angel gold strung on white ribbon on his arm, delivers them one by one to His Majesty, who puts them about the necks of the touched as they pass, whilst the first chaplain repeats, "That is the true light who come into the world." Then follows an epistle with liturgy, prayers for the sick, lastly blessings; and then the Lord Chamberlain and the Comptroller of the Household bring a basin, ewer, and towel for His Majesty to wash.

BUREAU OF LABORATORIES

The custom of having the King "touch" for the disease known as "King's Evil" is believed to have arisen in the following manner: In the eleventh century a young English matron who suffered from scrofula dreamed that the King had cured her by the simple process of laying his hands on the affected parts of her neck. She made this dream known to the King and he, being a kind-hearted person, dipped his hands in water and rubbed the sore places. Within a comparatively short time, according to the legend, she was healed. With this as a start the custom developed until it was known all over Europe.

The "Angel gold" referred to was a piece of gold coinage which came to be known as the "touchpiece" for reasons which will not need to be stated. Its value was originally about \$3.35, no inconsiderable sum in a time when a day-laborer earned from one to six pence for a day's work from sunrise to sunset.

The institution of the "touchpiece" no doubt added to the popularity of this quaint ceremony. It is said that at one time the custom cost the English Government not less than \$50,000 in a year, which might explain the fact that the value of the "golden angel" was later reduced. At that rate, it is not hard to calculate that some monarch must have touched more than 16,000 persons in one year for the "King's Evil."

This custom was such an important part of English life that especial prayers for the occasion were included in the official Prayer Book until 1719.

William of Orange, who came to the throne in 1688, refused to continue the practice of the Royal Touch, and in consequence the people accused him of cruelty. Only on one single occasion was William importuned into laying his hands on a patient. "God give you better health," he said, "and more sense."

The "Royal Touch" lasted longer in France. It is recorded that King Louis XVI of France touched 2,400 persons on the day of his coronation in 1775, one year before the beginning of the American Revolution. Some infidel took occasion to check up on this latter ceremony and found that five persons reported improvement.

These monarchs were conducting tuberculosis clinics although they did not know it. Although many ingenious persons had suspected it, no person ever proved that scrofula was a form of tuberculosis until after Robert Koch, less than sixty years ago, discovered the bacterial cause of this disease. This discovery made it possible to determine the identity of a number of different conditions, all due to the same cause, namely, the tubercle bacillus.

BUREAU OF LABORATORIES

It took seven hundred years for this custom of touching for the King's Evil to arise, spread, and die out. Let us hope that it will not take as long for us to effect a practical control of all the various manifestations of tuberculosis.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING
THE MONTH OF MAY, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3148	1617	250	196	132	5343
Diphtheria	598	291	52	538	21	1500
Typhoid	1250	303	43	71	29	1696
Malaria	1533	436	59	36	281	2345
Rabies	10	5	—	2	—	17
Tuberculosis	326	149	41	73	32	621
Gonorrhea	983	409	67	186	72	1717
Kahn	6286	2020	589	1886	395	11176
Water	—	57	36	218	—	311
Milk	408	350	207	468	169	1602
Miscellaneous	794	39	130	294	12	1269
	15336	5676	1474	3968	1143	27597
Specimen containers distributed						8789

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	25 Packages
	5,000 units	18 Packages
Schick		50 Tests
Toxoid		56 C. C.
Typhoid Bacterin		155 Treatments
Antirabic Virus		33 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY,
STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

INFANTILE PARALYSIS

There has been undue concern in Florida on account of the increased prevalence of infantile paralysis (poliomyelitis) in eastern and central North Carolina. The interest of the many intelligent in-

BUREAU OF COMMUNICABLE DISEASES

quirers is evidence of a commendable spirit of caution and cooperation. Every normal parent will guard his children from all possible danger. It is the unknown danger that strikes terror to the heart.

It is unusual to have an epidemic of poliomyelitis in the South. In Florida there has never been any widespread epidemic. The largest number of cases reported in any outbreak was thirteen and that was in 1929. A total of thirty-three cases were reported that year, twice the number reported in any subsequent year. Nine cases have been reported up to July 17th this year. These facts make us feel that the danger in Florida is not very great.

Precautions

There are certain general measures which will minimize the danger of contracting this disease. It is considered desirable to avoid unnecessary travel into the affected area. This does not include the western, mountainous section of North Carolina. If it is necessary to go into the area, especially with children, crowds and unnecessary contacts should be avoided. Only pasteurized milk should be used. Especially is it necessary to refrain from visiting in homes where there is or has recently been sickness from poliomyelitis or from an unrecognized disease. This applies to adults as well as children, because they may become temporary carriers without developing symptoms. Only first class eating places should be patronized. The common drinking cup is to be shunned. Infection is probably more apt to be spread in the dressing rooms than in swimming pools, hence, it is well where any communicable disease is prevalent to exclude children from these places. These measures will also minimize the danger from other diseases which are much more prevalent and menacing than poliomyelitis.

There are undoubtedly many cases of poliomyelitis which are never recognized or even suspected because the symptoms are mild and very much like those of other diseases and because there is no paralysis. There may even be muscular weakness without paralysis. Whenever poliomyelitis becomes unusually prevalent physicians are on the alert to recognize these mild cases and parents are more likely to seek medical care early for children that are only moderately ill. Hence, it follows that cases are reported to the health department that would usually go unnoticed.

Immune or convalescent serum is considered by good authorities to be of very doubtful value. Studies are being made as to the value of a vaccine which may prove useful in sections where the disease becomes epidemic.

Antiseptic sprays, gargles and drops are not recommended. They may even do harm by removing some of the natural protective secretions.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

VITAL STATISTICS IN THE UNITED STATES



The following announcement, dated July 1, 1935, was released by Honorable W. L. Austin, Director of the United States Bureau of Census, Washington, D. C. Many readers of Health Notes will be keenly interested in the reorganization of the Division of Vital Statistics of the Bureau of Census, and for this reason the Director's release is reproduced in full.

Reorganization

"As Director of the Census I am adopting this method of announcing a reorganization of the Division of Vital Statistics of the Bureau of the Census to those who are professionally interested. For approximately one-third of a century the fundamental task of the Bureau in this field was to extend the registration areas for births and deaths. With the completion of both areas by the admission of Texas in 1933, this primary responsibility was ended. The period since that time has been one of transition in which we have sought to appraise and prepare for the new types of work for which we must now become responsible. We have realized that new tasks must be undertaken while past gains were preserved and consolidated.

"In 1933, the Joint Advisory Committee of the Director of the Census took steps to explore the various questions and problems involved. Its inquiry resulted in a report to the Director on January 17, 1935. This report calls attention to the great opportunity for the development of vital statistics in this country. It asserts:

"Country-wide registration furnishes comprehensive data for the first time. While it is still necessary to work for more complete and accurate recording of the facts as to births and deaths, new and intensive efforts can be devoted now to analytical treatment of the data and to the presentation of more refined results. A better statistical basis for public health work will be laid, and for all studies of population structure and changes.

"The United States is in about the same situation as England was in the last century when William Farr began his studies and publications, which placed his country in the position of unchallenged leadership in the public health movement."

"Continuing, the report points to a number of specific 'problems in vital statistics which press for solution,' analyzes the qualifications of the personnel which should be entrusted with these problems, and concludes with detailed recommendations to the Director.

BUREAU OF VITAL STATISTICS

"This report and its recommendations have been approved by the Director and the Secretary of Commerce. The reorganization now under way is the result. It is our immediate purpose to place new supervisory personnel in charge of each of three important types of functions within the Division.

"Heading the Division as Chief Statistician will be Halbert L. Dunn, M.D. (University of Minn.), Ph.D. (Minnesota, in anatomy), Director of the University Hospitals and Professor of Medical Statistics in the University of Minnesota Medical School. Dr. Dunn was a former director of the statistical work of the Mayo Clinic at Rochester. In addition to his general supervisory responsibilities, Dr. Dunn will have direct charge of the research and analytic developments for which the report of the Advisory Committee calls. He will assume office on or before July 12, 1935.

"As Assistant Chief Statistician of the Division, the Bureau has appointed John Collinson, M.D., D.P.H. (both Johns Hopkins), who has resigned his positions as Registrar of Vital Statistics for the State of Maryland and Secretary of the American Association of State Registration Executives. Dr. Collinson will be in immediate charge of the development and perfection of registration and of relations with state health officers and registration officials.

"The Bureau is now negotiating for the appointment of a Technical Assistant to the Chief Statistician for Vital Statistics who will have immediate charge of the classification and coding of causes of death, the development of the Joint Manual, representation of the Division respecting changes in the International List, and relations with medical schools and the medical profession.

"The Chief Statistician will be especially assisted in the development of this program by Forrest E. Linder, Ph.D. (University of Iowa), whose scientific training and publications have been in the fields of psychophysics, biometrics, social and abnormal psychology. Dr. Linder resigned a position with the Worcester (Mass.) State Hospital to take office in the Bureau on June 1, 1935.

"The Division's budget for the coming fiscal year likewise provides for the appointment of six field agents who will represent it in maintaining direct contacts with state officials. A districting of the United States for this purpose is contemplated. It is hoped to obtain for these posts, with the cooperation of the Civil Service Commission, well-qualified young men of scientific and medical training.

BUREAU OF VITAL STATISTICS

"These changes have permitted the assignment of the present Chief Statistician, and the former Assistant Chief Statistician of the Division of Vital Statistics to other important functions within the Bureau of the Census. On or before July 12, 1935, Dr. T. F. Murphy will become Chief Statistician of the newly-established Division of Religious Statistics, General Information and Records. In this position he will be responsible not only for the forthcoming decennial census of religious bodies, but in addition for the development of the Bureau's too-much-neglected services of information to the public, and for its public relations generally. Mr. Willard C. Smith has been promoted, at higher grade and salary, to the post of Assistant Chief Statistician of the Division of Population, where he will bear much of the burden of the projected 1935 census of population, unemployment and occupations, and of developing the Bureau's activities in the population field in anticipation of the decennial inquiry of 1940.

"The foregoing changes accompany others now taking place or in prospect in various Divisions of the Bureau of the Census. They are motivated by considerations of public service, scientific progress, and merit as a guide to the selection of personnel. It is our ambition to build up the Bureau to a point where it may without challenge be regarded as the best, as it is now the largest, statistical organization in the world. The Bureau will endeavor to merit support for its program, and we eagerly hope that readers of this announcement will continue to favor us with their confidence and cooperation."

**BIRTHS (Exclusive of Stillbirths) AND BIRTH RATES PER
1,000 POPULATION, BY COLOR, FLORIDA, 1917-1934**

YEAR	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
1934	26,694		18,589		8,105	
1933	25,681	16.5	17,602	16.0	8,079	17.9
1932	27,411	17.9	18,856	17.4	8,555	19.1
1931	27,033	18.0	18,658	17.5	8,375	18.9
1930	26,991	18.2	18,596	17.8	8,395	19.3
1929	26,853	18.8	18,296	18.2	8,557	20.1
1928	29,776	21.5	20,656	21.3	9,120	22.0
1927	34,061	25.5	23,835	25.7	10,226	25.2
1926	34,721	27.0	24,838	27.9	9,883	25.0
1925	29,301	23.7	20,076	23.6	9,225	23.9

BUREAU OF VITAL STATISTICS

**BIRTHS (Exclusive of Stillbirths) AND BIRTH RATES PER
1,000 POPULATION, BY COLOR, FLORIDA, 1917-1934**
(Continued)

YEAR	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Deaths
1924	26,748	22.5	18,108	22.3	8,640	23.0
1923	23,221	20.4	15,614	20.2	7,607	20.8
1922	21,973	20.2	15,274	20.8	6,699	18.9
1921	22,074	21.2	15,211	21.8	6,863	19.9
1920	19,540	19.7	13,541	20.6	5,999	17.9
1919	18,653	19.5	12,863	20.5	5,790	17.6
1918	18,141	19.4	12,628	20.8	5,513	16.9
1917	17,921	19.6	12,701	21.6	5,220	16.1

**DEATHS AND DEATH RATES PER 1,000 POPULATION,
BY COLOR, FLORIDA, 1917-1934**

YEAR	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1934	20,357		12,733		7,624	
1933	18,764	12.1	11,561	10.5	7,203	16.0
1932	18,293	12.0	11,294	10.4	6,999	15.7
1931	18,101	12.0	11,056	10.4	7,045	15.9
1930	18,215	12.3	11,032	10.6	7,183	16.5
1929	18,155	12.7	10,860	10.8	7,295	17.2
1928	18,932	13.7	11,353	11.7	7,579	18.2
1927	18,143	13.6	10,857	11.7	7,286	18.0
1926	20,029	15.6	12,138	13.6	7,891	20.0
1925	16,832	13.6	10,150	11.9	6,682	17.3
1924	15,797	13.3	9,258	11.4	6,539	17.4
1923	14,074	12.4	8,334	10.8	5,740	15.7
1922	12,465	11.4	7,455	10.1	5,010	14.1
1921	11,764	11.3	7,002	10.1	4,762	13.8
1920	12,674	12.8	7,528	11.4	5,146	15.3
1919	11,830	12.4	7,066	11.2	4,764	14.5
1918	16,031	17.1	9,389	15.4	6,642	20.3
1917	11,992	13.1	6,881	11.7	5,111	15.7



Like as not a life-preserver may be shaped like a golf club. . . .

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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PUBLIC HEALTH PROGRESS—*Hanson*

DR. JOHN GORRIE MEMORIAL FOUNDATION

MARRIAGES, AND DEATHS FROM CANCER—*Thompson*

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MALARIA RESEARCH

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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. A. McPhaul, M.D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****NOTE**

The following two paragraphs, quoted from a letter written by Dr. Wilmon Newell, Dean and Director of the Agricultural Experiment Stations of the University of Florida, expresses the views of the official staff of the State Board of Health as well as that of the University. It illustrates the need for trained supervision of drainage work as well as the need for an engineer who has had considerable experience in surveying and determining what areas should be included in drainage projects:

"I think you are entirely right concerning the possible danger of too much so-called drainage in connection with mosquito control projects. We cannot help but view with considerable concern the hit-and-miss and more or less unregulated drainage of lakes, ponds, swamps and other areas. To begin with, the reduction of the surface water supplies contributes directly to increased freeze and frost damage to fruits and vegetables. Lowering of the general water level, also, exposes, during the dry season, many deposits of peat and muck to the extent that they are partially or totally destroyed by forest fires. The peat and muck supplies of the state are potentially very valuable and may prove exceedingly useful for agricultural purposes in the future, not only through the possibility of cultivating areas of such soil but because of the fact that peat is most useful in making composting mixtures for application to agricultural crops.

"The general lowering of the soil water table also contributes very materially to increased drouth damage during our dry periods."

Health Notes has repeatedly mentioned the importance of determining whether proposed drainage projects are economically sound. In addition to considering the expressed rule and guide for investing money in drainage projects, which is determined by the density of population and the amount of sickness which will be prevented by any project, we have here in Dr. Newell's paragraphs additional problems for consideration. He has put the matter so tersely and so very plainly that it requires no further comment. It is to be hoped that those who are thinking of drainage projects will give careful thought to Dr. Newell's statements. His statements apply to the fresh water areas particularly. Salt marsh drainage is quite a different problem.

ADMINISTRATION

PUBLIC HEALTH PROGRESS*

When I first assigned myself this topic, it was my intention to speak of what has happened in public health matters throughout the country, what has been discussed at scientific meetings during the last year, and some of the new things that have come to light since we last met.

One of the most important developments was the meeting last February of the National Research Council, at which time a group of men was called to Washington for the purpose of discussing tropical medicine and associated problems. At this time and from this group, the American Academy of Tropical Medicine was organized. The object of this Academy is to conduct and sponsor research in some of the unsolved problems in tropical medicine. We have one of the very distinguished members of the Academy with us today, Doctor Richard P. Strong.

We have some of the unsolved problems in tropical medicine in our own State. The most outstanding, probably, is our malaria problem. In Florida we have from 250 to 500 deaths annually from malaria. As long as this condition prevails it is quite evident that there is something about malaria which has not yet been solved. If you go into any gathering of medical men and bring up a discussion of the treatment of malaria, you will find as many different methods for treatment of malaria as there are practitioners, and the same is true in the discussion of methods and measures for the prevention of malaria. There are some who lay the whole emphasis on drainage, others on screening, and again those who say that quinine is the answer to the problem. So long as this condition prevails there is ample room for some of us to devote ourselves to the study of this question of malaria, and to determine whether there is some possibility of reaching a common point of attack for the reduction of this very serious disease in the southern States.

To illustrate this I have before me a few sheets which we call spot maps, showing the distribution of the leading diseases in Florida. On this malaria spot map, each spot represents one death from malaria. Some of these counties show almost entirely black, and present an apt illustration of the point Dr. Applewhite brought out this morning, the need for organized effort within a territory where such effort can be made effective. I will give you the figures for one county—Jackson County—an area which has soil as good as any in the State; a county which could be highly productive; an agricultural community; and yet it is comparatively poor. In this county, during the first nine months of this year, there have been 26 deaths from malaria.

*Address delivered by Dr. Henry Hanson at the sixth annual meeting of the Florida Public Health Association, Inc., Jacksonville, December 3rd, 1934.

ADMINISTRATION

or, on the ratio at which we estimate the cases to deaths, there have been over 5,000 cases of malaria in Jackson County for the first nine months.

Jackson is not the only county with a death rate or case rate of that kind. There are others where the rate is equally high, and one or two where it is higher. Let us consider finances in connection with a malaria case rate of this kind. A very moderate estimate of the cost of that one thing to Jackson County would be placed at approximately \$50,000 for the first nine months of this year. That is about three times what a full-time, four-piece health unit would cost the county. In other words, they are spending about \$35,000 for the privilege of having this high death rate in this county, and what is true here is true in a large number of other counties.

Another problem of a tropical nature, confined to the South to a large extent, is hookworm. How many cases we have we do not know, but making a calculation on the basis of the last average of laboratory examinations, we find a rate of approximately 25% to 35%. This is based on an analysis of 300,000 examinations, and on that ratio we have approximately 250,000 cases of hookworm infection in this State.

These are familiar figures. We have told them over and over again, but malaria and hookworm are still our unsolved problems. If any one can point out any bigger problems than the malaria and hookworm we have to deal with, I will talk about them. We must find some solution for these two outstanding things, which on a fairly conservative calculation mean an economic loss to this State of approximately twelve to fourteen millions of dollars every year. These are facts which can be proven.

We have felt proud of the decline in the more common communicable diseases such as typhoid and diphtheria. This year, however, shows a slight increase in diphtheria.

The pellagra rate all through the depression, and up to this year, was going down. This year, for the first time in four or five, we have an increase in the deaths for this State for the first nine months.

For the first time in many years we are encouraged about the trend in maternal mortality. During the first nine months of last year there were 202 maternal deaths in this State. During the same months of this present year, we had 145 deaths. This is a drop of a little better than 33% in maternal mortality. I think we can attribute much of this decrease to the splendid work the nurses have done, and to the effect which the institutes for midwives have had. During the last two years we have held a series of midwife institutes and it has been rather remarkable and very encouraging to see the response of the midwives to the instruction which has been given them.

ADMINISTRATION

Relative to the maternal mortality problem, the Bureau of Vital Statistics prepared an analysis of maternal deaths by race and by county for a five-year period up to and including last year. This also included figures on the number attended by doctors and the number attended by midwives. This information was sent to each County Medical Society, with the request that each appoint a committee to study the causes of maternal deaths in their territory. In some respects, the death rate registered as occurring in the practice of physicians is higher than the rate registered as occurring in the practice of midwives. We believe the reason for this lies partly in the fact that many of the serious cases are turned over to the doctors by the midwives and often there is nothing the doctor can do but sign the death certificate. That does account for a fair proportion of this higher death rate charged against physicians, but we are hoping that we can in addition bring about some improvement in the practice of some of the physicians which will further lower the maternal mortality.

There is another problem which I am not sure we can do anything about—the question of automobile accident deaths. A great deal of publicity has been given to this, but our automobile deaths this year are mounting higher than they were last year and previous years.

While some of our efforts may appear not to be getting the results we feel they should, I do not think we need to feel entirely discouraged. We are making progress. We must constantly stop and think whether we are doing the best we can, and whether we are utilizing the newest and best methods and not sticking to old obsolete ones which our fathers and forefathers used. We must look forward to more effective and definite results in the control of some of these problems which we have to solve.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

BLACK WIDOW

Latrodectus Mactans

From reading the papers one would conclude that black widow spiders have recently increased in numbers and appeared in new areas where they were heretofore unknown. This seeming increase might easily be more apparent than real. Certainly the published items have increased interest in and knowledge of this, the only harmful spider known in the United States, but a few timid spirits have become unduly concerned about the danger. So far as the writer's personal observations go, these spiders have not been more numerous in Florida

BUREAU OF COMMUNICABLE DISEASES

during the past year or two. They are rarely seen during the ordinary activities of life but can be found readily and plentifully if one looks in suitable places. They prefer a well shaded place near the ground. Loosely stacked lumber, piled logs or bark, junk, rubbish and old automobile body parts discarded in the woods afford them suitable shelter. They sometimes spin their meager, irregular web under the seat of outdoor toilets, their purpose being, of course, to catch insects upon which they feed. That fact seems to explain why a considerable per cent of bites are inflicted in privies. The biting of persons or animals by this spider may be an error; that is, she may mistake them for insects. It may be that instinct prompts her to bite any moving object for the purpose of obtaining food. Certainly at times she bites in self defense.

Black widow spiders in captivity have been observed to kill and feed upon roaches, crickets, flies, beetles, other insects and other spiders many times their size. After mating, the female eats the male; she will eat other females if the occasion arises, and the young eat one another. Thus the spider population adjusts itself to the supply of food and averts depressions.

If the black widow has an important natural enemy, we have not discovered it. One of the wasps, known as the dirt dauber, collects many spiders and places them in the cell-like nest as food for her grub-like young. Some 50 or more of these nests were recently examined; 300 or 400 cells containing spiders were examined, but there was not one black widow.

This spider has often been described. It is black with the following exceptions: all have the red or bright orange hourglass-shaped mark on the under side of the abdomen. Many have a similarly colored spot at the spinneret at the under extremity of the abdomen and a few have a row of bright spots running lengthwise on the back of the abdomen which is round or shoe button-shaped.

The bite itself is not much more painful than a mosquito bite. The symptoms of poisoning, which appear within a few minutes, consist of pain starting from the site of the bite and extending to the larger muscles, particularly those of the abdomen and chest. There is an increased blood pressure and a rise of temperature, perspiration, restlessness, nausea and vomiting. Often there is delirium, convulsions and sometimes paralysis. The symptoms last a few hours to a few days. The nervousness and weakness may remain for weeks. The bite may be fatal to small children but nearly all adults recover.

A physician should always be called. He will administer such sedatives or stimulants as he finds necessary. A sterile solution of magnesium sulphate (epsom salts) injected into the vein has recently been reported to be of marked benefit.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****THE BALANCE OF NATURE**

The classical example of the unforeseen consequences which may follow an upset in the balance of nature is the story of the introduction of the mongoose into Jamaica, and it is so important that it will bear frequent repetition. Jamaica used to be a very prosperous sugar-growing island. The soil and climate lent themselves to this crop. The introduction from Europe of the Norway rat caused so much trouble that means were sought to destroy the rat. Some person suggested the Egyptian mongoose (a weasel-like animal) as a deadly enemy of the rat, and a number of specimens of this animal were imported.

The primary result aimed at was fairly well attained; that is to say, the destruction of the rat. I have been told that even at the present the few surviving rats build their nests in tree-tops. But the story does not stop there. Having disposed of the rats, the mongoose sought other sources of food and found them in the eggs of ground-nesting birds. Soon the island was infested by insects which had previously been kept within bounds by the ground-nesting birds. In a short time the island was in a worse condition than it had been when it was overrun with rats. Even at the present time the best sugar cane, which has been selected for its resistance to insects, yields but 7% of sugar as against 14% in the old days. It would have been possible, of course, to predict these effects but hardly within human capabilities.

The moral of this story so far as we are concerned is that if we upset the balance of nature by preventing deaths from typhoid fever, diphtheria, appendicitis, etc., we are going to introduce effects which can be easily understood after they have happened but will nevertheless come to us as surprises. It may be that the great increase in poliomyelitis in the last few years is a more or less direct result of the success of our public health measures.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF JUNE, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2461	955	159	170	108	3853
Diphtheria	866	275	40	205	23	1409
Typhoid	1280	471	40	70	66	1927
Malaria	1386	519	61	37	306	2309
Rabies	11	1	---	---	---	12
Tuberculosis	303	176	24	41	31	575
Gonorrhea	981	367	118	183	72	1721
Kahn	6504	1771	544	1762	468	11049
Water	---	60	18	204	---	282
Milk	424	352	170	510	80	1536
Miscellaneous ---	739	53	113	289	8	1202
	14955	5000	1287	3471	1162	25875
Specimen containers distributed.....						7780

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	9 Packages
	5,000 units	14 Packages
Toxoid		201 C. C.
Typhoid Vaccine		1193 Treatments
Vaccine Virus		414 Capillaries
Antirabic Virus		5 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY,
STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

MARRIAGES PERFORMED, DIVORCES AND ANNULMENTS
GRANTED, BY COUNTIES, FLORIDA, 1934

COUNTIES	Marriages	Divorces	Annulments
0. State	22,751	4,842	46
1. Alachua	417	48	---
2. Baker	436	18	---
3. Bay	234	31	---
4. Bradford	163	12	---
5. Brevard	164	56	1
6. Broward	1,209	47	---
7. Calhoun	130	19	---
55. Charlotte	121	17	---
8. Citrus	113	18	---
9. Clay	221	5	---
62. Collier	36	6	---
10. Columbia	252	19	1
11. Dade	1,729	920	19
12. DeSoto	130	15	---
56. Dixie	123	30	---
13. Duval	1,805	754	10
14. Escambia	744	161	---
53. Flagler	146	11	---
15. Franklin	81	11	---
16. Gadsden	398	13	---
64. Gilchrist	114	4	---
57. Glades	84	2	1
65. Gulf	67	4	---
17. Hamilton	245	13	---
58. Hardee	246	39	1
63. Hendry	61	11	---
18. Hernando	112	12	---
59. Highlands	136	15	---
19. Hillsboro	2,039	583	2
20. Holmes	216	28	---
66. Indian River	114	24	---
21. Jackson	427	47	---
22. Jefferson	186	10	---
23. Lafayette	72	8	---

BUREAU OF VITAL STATISTICS

MARRIAGES PERFORMED, DIVORCES AND ANNULMENTS
GRANTED, BY COUNTIES, FLORIDA, 1934—(Continued)

COUNTIES	Marriages	Divorces	Annulments
24. Lake	284	46	1
25. Lee	196	67	—
26. Leon	356	83	—
27. Levy	243	7	—
28. Liberty	57	3	—
29. Madison	278	17	—
30. Manatee	321	13	—
31. Marion	376	51	1
67. Martin	81	12	—
32. Monroe	158	63	1
33. Nassau	225	15	—
34. Okaloosa	214	14	—
54. Okeechobee	118	12	—
35. Orange	602	163	2
36. Osceola	255	24	—
37. Palm Beach	633	154	—
38. Pasco	214	16	—
39. Pinellas	812	201	—
40. Polk	1,051	269	1
41. Putnam	301	31	—
42. St. Johns	462	77	—
43. St. Lucie	155	25	1
44. Santa Rosa	416	23	—
60. Sarasota	213	122	1
45. Seminole	358	51	—
46. Sumter	150	21	1
47. Suwannee	254	21	—
48. Taylor	203	36	—
61. Union	87	15	—
49. Volusia	371	130	2
50. Wakulla	119	2	—
51. Walton	207	24	—
52. Washington	210	23	—

BUREAU OF VITAL STATISTICS

DEATHS FROM CANCER (ALL FORMS), BY COLOR, BY
COUNTIES, FLORIDA, 1934

COUNTIES	Total	White	Colored
STATE	1,325	1,099	226
Alachua	25	17	8
Baker	4	3	1
Bay	10	10	0
Bradford	6	4	2
Brevard	11	10	1
Broward	14	13	1
Calhoun	3	1	2
Charlotte	2	2	0
Citrus	5	3	2
Clay	3	3	0
Collier	1	1	0
Columbia	20	16	4
Dade	155	137	18
DeSoto	4	3	1
Dixie	2	0	2
Duval	142	106	36
Escambia	50	40	10
Flagler	4	3	1
Franklin	2	0	2
Gadsden (Ex.)	8	2	6
State Hospital	14	12	2
Gilchrist	1	1	0
Glades	6	4	2
Gulf	0	0	0
Hamilton	4	3	1
Hardee	10	10	0
Hendry	0	0	0
Hernando	4	4	0
Highlands	4	4	0
Hillsboro	164	149	15
Holmes	7	7	0
Indian River	5	5	0
Jackson	18	12	6
Jefferson	4	1	3

BUREAU OF VITAL STATISTICS

DEATHS FROM CANCER (ALL FORMS), BY COLOR, BY
COUNTIES, FLORIDA, 1934—(Continued)

COUNTIES	Total	White	Colored
Lafayette	3	3	0
Lake	22	18	4
Lee	22	15	7
Leon	10	5	5
Levy	6	5	1
Liberty	2	1	1
Madison	12	7	5
Manatee	28	23	5
Marion	17	9	8
Martin	2	2	0
Monroe	19	17	2
Nassau	3	1	2
Okaloosa	7	7	0
Okeechobee	0	0	0
Orange	54	47	7
Osceola	17	15	2
Palm Beach	58	50	8
Pasco	9	8	1
Pinellas	108	104	4
Polk	51	50	1
Putnam	16	8	8
St. Johns	26	17	9
St. Lucie	6	6	0
Santa Rosa	10	8	2
Sarasota	14	12	2
Seminole	14	10	4
Sumter	6	6	0
Suwannee	9	6	3
Taylor	3	1	2
Union	2	2	0
Volusia	41	38	3
Wakulla	0	0	0
Walton	10	7	3
Washington	6	5	1

BUREAU OF VITAL STATISTICS

DR. JOHN GORRIE MEMORIAL FOUNDATION*

The John Gorrie Memorial Foundation, chartered in Florida one year ago, is an organization with a two-fold purpose. It seeks first to honor permanently Dr. John Gorrie, who, while practicing medicine in Apalachicola, Florida, and striving to devise methods of preventing and of treating fevers by lowering the temperature of rooms, invented and constructed the first machine to make ice in quantities practical for use. In this achievement Dr. Gorrie takes precedence among those pioneers who gave to the world the benefits of artificial ice, for his machine antedated similar inventions by several years. Out of his work have grown some of the later methods of refrigeration and air conditioning.

The second objective of the foundation is to establish a memorial which will be of direct benefit to people in need. Certainly this sort of remembrance would please Dr. Gorrie much more than one expressed in stone, on canvas or in words. The foundation plans to provide hospitalization for the needy in the town where Dr. Gorrie perfected his invention of far-reaching importance, and also to carry on aggressively a nation-wide fight against cancer.

The means chosen for battling this disease are: (a) carrying on dignified publicity through reputable channels to acquaint the laity with the early symptoms of cancer; (b) bringing to existing medical organizations physicians expertly trained and especially experienced, who will help the local practitioners with their problems of handling cancer, the personnel of this service being composed of physicians who are neither practicing medicine nor are connected with any organizations of practicing physicians; (c) holding diagnostic clinics at the wish of the local physicians, conducted by skilled diagnosticians and pathologists who will attempt no treatment but will direct the patients to their own physicians; and (d) establishing for patients who are indigent or of limited means a revolving loan fund to enable them to secure proper medical treatment.

The ice manufacturers of Florida are so impressed with the motives and objectives of the foundation and are so desirous of perpetuating the memory of the physician who has made their organization possible that they are raising funds with which to begin the establishment of an endowment for the work of the foundation. It is their purpose to enlist the cooperation and aid of ice manufacturers throughout the United States. They will begin the collection of funds by observing "Ice Week" from August the 11th to the 17th, inclusive, and during that time will contribute 14 per cent of their income each day.

*Editorial from *Journal of the Florida Medical Association*, page 29, July, 1935.

BUREAU OF VITAL STATISTICS

On the board of directors of the John Gorrie Memorial Foundation are several members of the Florida Medical Association, who are heartily enthusiastic about the Foundation and believe it is sponsoring a movement which will culminate in the outstanding achievement thus far attempting for cutting down the death rate from the second most deadly disease—cancer. The executive committee of the Florida Medical Association included in its report at Ocala a recommendation that the Foundation be endorsed, and the Association readily gave its endorsement. It is our conviction that if such a noble organization can be made to succeed, Florida may claim the distinction of having one of its physicians honored in a manner which will bring to those suffering from cancer benefits comparable to the good which has accrued to mankind from the epoch-making invention of a machine for producing artificial ice.

THE NERVOUS CHILD NEEDS PATIENT CARE

Happy Home Environment is Requisite for Recovery

The nervous child is not necessarily one who is unable to sit still, as activity is a normal characteristic of every child who is well. The truly nervous child is irritable, excessively emotional, easily tired, more or less self centered and exceedingly susceptible to suggestion, Dr. Francis J. Scully points out in "The Nervous Child" appearing in the *July Hygeia*.

In many instances the cause for the nervous condition may be traced to the parents, either one or both of whom may be nervous. The child brought up in such an environment soon imitates the actions of those around him.

Not infrequently there is an infection, particularly in the tonsils. The bowels may be sluggish, allowing the absorption of toxic products which affect the system. At times the child is simply tired or has had insufficient sleep.

The first step therefore in correcting the nervous condition is to see that the child is physically normal. A definite routine for his daily life should be instituted and adhered to, and should include sufficient time spent in the sunshine and open air, and a sensible diet. Suitable manual training is often helpful in keeping the child busy and in correcting abnormal habits.

In correcting incorrigibility physical punishment is not always helpful, but this does not mean that it should be omitted entirely. More can be accomplished by quiet talks on the part of the parents and an attempt to make some adjustment that will avoid the necessity for such behavior on the part of the child.

The Health Family

The Father of Health is—
Right Living

The Mother of Health is—
Temperance

The Oldest Son is—
Common sense

The favorite Daughter is—
Cheerfulness

Some of the Children are—
Diet, Cleanliness, Sanitation
Intelligence, Rest, Obedience,
Good Food, Fresh Air, Exercise,
Self-Control.

The Baby of the Family is—
Sunshine.

Courtesy of Detroit Department of Health

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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JACKSONVILLE, FLORIDA

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STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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ADMINISTRATION

Henry Hanson, M.D., State Health Officer

COMMON SENSE IN POLIOMYELITIS PREVENTION*

The title of this talk might as well be "Common Sense in Communicable Disease Prevention." The reason for attempting a talk of this kind is that, to my mind, there seems to be a great deal of misunderstanding regarding the communicability of certain so-called communicable diseases. The poliomyelitis situation in North Carolina seems to have been the stimulus which has caused a great many among the laity, as well as some physicians, to become alarmed over the possibilities of spread of the disease. I presume it is the sad picture of the occasional individual who develops a paralysis which has given rise to the fear of acute anterior poliomyelitis, commonly known as infantile paralysis. Probably one reason for the general uneasiness about this disease is its relative infrequency, or at least its apparent relative infrequency as judged by the number of recognized cases. If all cases, mild as well as severe, were recognized it is thought that the disease probably would be so common that the fear which now exists would gradually be reduced very materially. I am speaking here with the idea that the old saying of "familiarity breeds contempt" would apply even in this case.

In North Carolina there have been 514 cases of poliomyelitis since May 1, or an incidence of 15.6 cases per 100,000 population. In Virginia there have been 415 cases since May 1, or an incidence of about 16.4 cases per 100,000 population. The last reports indicate that the new cases reported are growing fewer in North Carolina and possibly also in Virginia.

Insofar as we know at the present time, poliomyelitis is transmitted directly from the sick to the well or by means of some carrier, that is, a person who has had the disease and still carries the infection for some time. In the North Carolina epidemic, an analysis indicates that about 25% of the cases were urban in origin and 75% rural. The age incidence which was analyzed by Dr. Morgan shows 85% of the cases to be under 10 years of age, and 15% to be over 10 years of age. I think it is pretty definite that it is in the age period from about a year up to the tenth year that the greatest susceptibility to the disease occurs.

What can be done to control it is, of course, a vital issue and the reason for this discussion. Insofar as protective inoculations are concerned, they are still in the experimental stage. Men who have worked with the convalescent immune serum are of the opinion that those who do not get the convalescent serum do as well as those who are inoculated with it. Insofar as the vaccines are concerned, the active brain and nerve cord monkey vaccine is regarded with some uncer-

*Read before The Duval County Medical Society, Jacksonville, August 13, 1935.

ADMINISTRATION

tainty and may be followed by unpleasant results. The other monkey cord or brain vaccine which has been inactivated or killed is still in its experimental stage and has been used quite extensively in the North Carolina and Virginia outbreaks. Even in the presence of poliomyelitis, statistical analyses show that only 10 in 1,000 contract the disease; therefore, because of the undesirable effects which are occasionally obtained in the living vaccine, it is questionable whether one has a right to subject a thousand persons to a risk for the sake of protecting ten.

Poliomyelitis is not a new disease. Historical record shows that it was described by Underwood, an English physician in 1774. A systematic study of a group of cases which finally established the disease as a clinical entity was published by Jacob von Heine in 1840 in Kolmar, Germany. The disease was first transmitted to monkeys in 1909 by Landstiner and Popper in Vienna. It was shown in 1907 that the disease was transmitted from person to person. It would therefore seem that one of the first thoughts in safeguarding one's self against it is to keep out of the rooms where there are persons sick with the disease. What there is of risk from the so-called carrier is still a matter for further investigation.

During the past months we have had repeated calls for information and for advice from persons who wished to visit the mountains of North Carolina. In order to answer these people we have kept a case map of North Carolina on which we have checked in the number of cases in each county as the information has come to us. The group of counties in the western end of North Carolina have had no reported cases and it has been my feeling that it was entirely safe for the people to go to these mountain resorts for their summer vacations. I feel that there is no justification for the alarm which many people have manifested. The only reason that I have hesitated to advise people to travel freely (with the proviso that they should keep out of places where they have known active cases to exist) has been on account of the seriousness of the occasional case of paralysis. Some individuals have asked to be given a detour program that they might avoid driving through cities or areas where cases have been reported. When told that I saw no danger in driving through such territory, they have replied that they thought the disease was contracted from the air where cases exist. There has been some evidence that certain foods may play a part in the dissemination of the disease, especially such items as milk. We have therefore advised those who have asked for information to take only pasteurized milk. If a person wishes to be guaranteed against contracting the infection he should resort to cooked foods only in towns where the disease exists. Such a procedure, however, would be rather difficult to carry out, because the disease is well nigh universal. We have had ten known cases in Florida up to date this year; how many mild, unrecognized cases we do not know.

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Our difficulty as a Health Department is not so much, or probably I should say not only, on account of the uneasiness over poliomyelitis but because of an idea which a group of individuals has conceived of controlling communicable diseases by quarantining for a period of two weeks persons who leave the State or who have been out of the State for a summer vacation. What the logic of such action is I do not know. If this is applied to the schools only it is naturally futile. If you apply it in such a manner as to make it effective you will have to isolate the people who return in their homes for two weeks. The question then comes up, for what specific cause were these people isolated? Who is to determine when it is safe to release them? Who knows what the length of the carrier state is in poliomyelitis? If it is for certain carrier conditions, the person who is quarantined has a right to have the fact established that he is a carrier. The person who assumes the right to isolate has the burden of proof to show that the isolated individual is a menace to the health of the community. How many of the transmissible diseases are you to include in the list of possibilities of affecting the health of the community on the part of the people who have been out of the State and wish to come in again? Why not quarantine all tourists who propose coming to Florida because of some indefinite danger that they might bring communicable disease to the State? Why not place Jacksonville Beach and Daytona Beach under quarantine because of the fact that we have numerous people at both of these places from Georgia, South Carolina, North Carolina, Virginia, Tennessee, etc., every year? What I have said in regard to the beaches applies to all tourist resorts where people come or go from all parts of the country.

The following letter from Dr. W. V. King, our Consultant in Entomology, contains information which is of value to all who are interested in the problem of mosquito control.

"Dear Doctor Hanson:

"Your letter of August 5, with the copy of Mr. Creveling's letter regarding the control of mosquitoes, has been received. As you probably recall, the theory of controlling malaria by the introduction of leguminous plants has been completely disproven as far as it is possible to disprove such things. It has been shown that Coumarin does not prevent the development of malaria parasites in mosquitoes; it was found in Mississippi that there was no reduction in malaria in areas planted with legumes and our own experiments showed that mosquitoes would not feed on such plants.

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"Regarding the 'Breton culex' this theory had somewhat more of a scientific sponsoring since it was announced before a French scientific body. However, the first paper was read more than ten years ago and the results that he claims have never been confirmed by any other European worker. While I have followed the literature very closely, I have not seen where the idea has been used with success any place else in France or Europe, and those familiar with the mosquito work in that country with whom I have talked, do not credit the theory or believe that it is backed by scientific proof.

"Another point and one that applies more specifically to us is the fact that this mosquito was supposed to be a strain of *Culex pipiens*, and as such would presumably not thrive here, since the *Culex pipiens* of the United States does not occur in the southern States. Moreover, the claims for this Breton mosquito were only that it would replace *pipiens* and this would give no relief from salt marsh and other types of mosquitoes."

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF JULY, 1935

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.....	1812	1137	178	171	64	3362
Diphtheria	1001	312	50	159	39	1561
Typhoid	1333	445	63	81	72	1994
Malaria	1631	518	84	51	275	2559
Rabies	17	2	—	2	—	21
Tuberculosis	233	164	46	29	20	492
Gonorrhea	899	448	82	173	72	1674
Kahn	7894	2084	518	1868	415	12779
Water	—	52	8	236	—	296
Milk	548	362	115	663	72	1760
Miscellaneous	851	51	138	361	12	1413
	16219	5575	1282	3794	1041	27911

BUREAU OF LABORATORIES

Specimen containers distributed..... 9694

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	38 Packages
	5,000 units	38 Packages
Schick		360 Tests
Toxoid		838 C. C.
Typhoid Bacterin		3446 Treatments
Vaccine Virus		1450 Capillaries
Antirabic Virus		13 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****MOSQUITOES? WHY NOT DO SOMETHING ABOUT THEM?***

This has been an unusually bad summer for mosquitoes, weather having been very favorable for their production. As a result, almost everyone is mosquito-minded.

A glance at the map of Florida will reveal to you a very extensive coast line bordering salt water. Do you happen to live in one of the counties bordering on the coast? If you do, you will be very well acquainted with the pests, *Aedes taeniorhynchus* and *Aedes sollicitans*. In other words, just plain salt marsh mosquitoes. When conditions of rainfall and weather are favorable for their production, great numbers are produced in our mangrove swamps and salt marshes. They will even breed in fresh water on high land in places that will hold water after rainfall if these places are near salt water. These mosquitoes, while they are not carriers of disease, certainly do untold

*By Russell Broughman, District Sanitary Officer.

BUREAU OF SANITATION

damage in other ways. They are annoying to the point of exasperation and make life miserable to man and animals alike. They are the most persistent insects, biting both day and night. From the time they are hatched, they are out for blood and like the G Men, they get their man. No one escapes.

There are perhaps forty-five or more different species of mosquitoes in Florida, each with distinctive habits different from others. For instance, to mention a very few, there is the *Anopheles quadrimaculatus*, the one in this country responsible for the transmission of the malaria parasites from persons infected with malaria to others. This is a fresh-water breeder, the larvae of which are found in quiet, swampy, grassy places and streams and canals choked with hyacinth and water lettuce. Malaria mosquitoes lay their eggs singly on the water surface. They have a flight range of about a mile. When control measures to prevent breeding are used, the control measures should be started within the area of the city or where there is a population, and extended from the center of population for a distance of a mile or more beyond the limits of such population area.

Then there is the *Aedes aegypti*, responsible for the transmission of dengue and yellow fever. This mosquito lays its eggs singly on and around the water's edge in artificial containers such as tin cans, barrels, cesspools, discarded automobile casings, chicken watering vessels, roof gutters and storm sewer catch basins. It has a very short range of flight, is troublesome around premises, and easily controlled by not allowing any water to stand around the premises.

Culex mosquitoes of several species are very prevalent around homes, breeding in containers or ditches in dirty water. These mosquitoes are produced in tremendous numbers in ditches and canals receiving sewage.

Mansonia perturbans is very common almost all over Florida in permanent fresh water marshes of certain plants containing air cells. The larvae do not come to the surface for air but live in the silt of mud bottom lakes and marshes, getting air by attaching to a plant

BUREAU OF SANITATION

and piercing an air cell of certain aquatic plants with their sharp breathing tubes.

There are mosquitoes that breed in tree holes, two of which are *Aedes triseriatus*, a biter, and *Megarhinus*, a non-biter; the mosquito *Wyeomyia*, breeding in water contained in air plants. The mosquito *Uranotaenia*, breeding in fresh water swampy places, is a non-biter; the crab-hole breeder *Cancer dienocerites* will bite on occasion, but the ace of aces is the salt marsh mosquito.

It can readily be seen that different control measures must be used for the control of different mosquitoes because of their entirely different breeding habits.

The little black mosquito with banded legs and abdomen is usually the dominant salt marsh mosquito. Salt marsh mosquitoes lay their eggs on moist or dry ground on the areas covered with salt water vegetation. After periods of dry weather, countless millions of eggs are laid in these areas waiting for rainwater to cover them. If the weather is warm and water has a chance to remain for five days or longer, great numbers are produced at one time. To prevent the breeding in these areas of salt marsh mosquitoes, a combination of drainage and minnow control is used. By a system of ditches, connecting together all low places that will hold water after rainfall for five days or longer, daily tide will be brought to these areas and along with it many top minnows which devour mosquito larvae. Drainage is to a certain degree accomplished when the tide goes out and minnows are left in places which do not drain. Tidal covered areas do not breed.

Salt marsh mosquitoes have a range of flight of many miles. A few have been found inland sixty miles from their breeding grounds.

Why not do something about controlling mosquitoes, both the pest and disease transmitters? There is a law on the statutes which provides for counties to organize mosquito control districts. A copy of this bill can be obtained from the State Board of Health. It provides for the assessment of a millage to finance the work and gives the people a chance to vote for or against organization of these counties for mosquito control work.

Now is the time to start organizing to control mosquitoes. At the present time it looks as though Federal funds can be obtained to do mosquito control work, but without maintenance afterwards it will be a waste of money. Unless there is a mosquito control district formed, there is absolutely no way to maintain a ditch system.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****HEALTH AND EDUCATION**

Sixty dollars a year each is the cost of educating children in the public schools of one Florida county, and this is probably not far from the average cost of operating a first class system of primary education. In the schools of higher learning the cost is more because teachers in the higher branches receive more pay, buildings, equipment and operation cost more. What it costs parents directly to maintain a child while living at home and attending school varies greatly with the standards of living but for food, clothing, shelter and some necessary incidentals, \$200 per annum may be considered a conservative estimate.

The joy of possession more than compensates a parent for the expense of rearing a child. But he owes it to himself and to the child to make sure that the child begins the school year physically and mentally fit, prepared to receive the fullest benefit from his school training. It is a well known and accepted fact that no child can progress as well in school with a physical handicap as without. And it does not take an unusual handicap to reduce his efficiency 10% or 20%. All too often it is a handicap that causes a child to fail and a failure in school very frequently is a forerunner of partial if not complete failure in life. Some students will always stand out above the rest in scholarship. Some are mediocre students at best, but every child has a right to be as fit as it is possible to make and keep him. Every child is entitled to his opportunity to do the best that is in him.

Because of defective vision, unrecognized and untreated, many children are thought to be dull, lazy or mischievous. Whether near-sighted and unable to see the work on the blackboard, or farsighted so that prolonged close work is acutely painful, glasses fitted correctly by an eye specialist (not a spectacle peddler) will give relief in most cases. Defective hearing may also be overlooked, although it is easily detected by rather simple tests. Some forms are curable. In many progressive cases the further increase of deafness may be prevented. The hard-of-hearing pupil can be helped greatly if his difficulty is only recognized and he is given the least consideration, allowed to sit near the front, and to change his position when necessary to facilitate hearing.

There are many other defects that keep children from doing their best in school, defects that can be corrected, handicaps that can be removed; decayed teeth, undernutrition, diseased tonsils, hookworm disease, malaria, chronic appendicitis, athlete's foot. Some of these can be prevented. In most cases they can be corrected but it sometimes takes a careful examination to find where the trouble is and always a skillful physician to correct it.

BUREAU OF COMMUNICABLE DISEASES

Some of the acute infectious diseases which cause serious loss of time from school can be prevented by inoculations which should be given by the family physician while the child is young, while he may yet have time to take them without interruption of important work and enjoy the protection they afford. By the exercise of good judgment, exposure to disease can be avoided.

An airplane, before a flight; an automobile, before a trip; a horse, before a race; a ship, before a voyage; an athlete, before a game; all are placed in the best possible condition; why not a child, before going to school; why not your child, before you start him on that \$300 to \$900 a year education.

See your medical doctor and your dentist.

Sanitation	prevents	{ Hookworm disease Typhoid Dysentery
Screening	prevents	{ Malaria Other insect-borne diseases
Adequate diet	prevents	{ Undernutrition Indigestion Faulty elimination
Vaccination	prevents	Smallpox
Toxoid	prevents	Diphtheria
Dental Service and Mouth Cleanliness	} preserve	the teeth

By good behavior social diseases may be avoided.

A good physician is the best family counselor.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****THE FIRST ANNUAL INSTITUTE FOR GRADUATE
MIDWIVES**

During July and August Miss Joyce Ely, R.N., Assistant Director of Public Health Nursing and Supervisor of Midwives, has been holding a series of institutes for midwives for the purpose of raising the standards of the work.

Since there are a number of white midwives in Tampa, special plans for these have been developed by Miss Ely, who has prepared the following outline of arrangements:

There are at the present time eleven registered graduate midwives in the State. They are all white midwives and hold diplomas from universities and lying-in hospitals of Palermo, Sicily; Naples, Italy; Havana, Cuba; Amsterdam, Holland; and New York City in this country. Their courses of instruction and training ranged from one to three years. Their practice is largely among the Italians, the Spaniards, and the Cubans of Tampa. Very little supervision and instruction has been given to this small group of trained midwives by the State Board of Health, not only because of the language difficulty, but because our program has been built around the needs of the 1,400 untrained midwives in our rural communities who deliver approximately 10,000 babies yearly.

When the midwife bill was passed by the Legislature in 1931 through the efforts of Dr. Henry Hanson, State Health Officer, this group of graduate midwives secured the first recognition they had ever received in this State, this law recognizing graduate midwives as Class "A" midwives, while those having served an apprenticeship under the direction of a doctor of medicine fall in Class "B," and those having extensive unsupervised experience fall in Class "C." Most midwives in Florida are in Class "C." The graduate midwives appreciated this distinction.

When the first institute for the negro midwives of the West Coast was held in Tampa in 1933, a number of the graduate midwives who spoke English showed their interest by visiting the classes and assisting the nurse instructors, while two of them prepared and presented to the midwives a skit emphasizing the fact that a midwife is licensed to deliver normal, healthy women only.

The first annual institute for registered graduate midwives of Florida was held July 15, 1935, in the Council Chamber, City Hall, Tampa. The midwives who spoke English as well as Spanish and Italian acted as interpreters. Three sessions were held as follows:

BUREAU OF PUBLIC HEALTH NURSING**Morning Session**

Mrs. Gladys Smith, R.N., City Health Department, Tampa, presiding.

9:00 A. M.—Address of Welcome—Dr. J. R. McEachern

City Health Officer

Response

—Mrs. Ruby P. Mondello

Graduate Midwife

9:30 Lecture: The After Care of the Mother

—Dr. Wm. M. Rowlett

10:00 Lecture: The Relationship of the Midwife and the Doctor

—Dr. P. M. Garcia

10:30-12:00 Round table discussion: Some Problems of the Graduate Midwife—led by Miss Joyce Ely, R.N., Nurse-Midwife, State Board of Health.

Afternoon Session

Miss Joyce Ely, R.N., presiding

This session was most informal. Mrs. Josephine Garcia summarized the discussion of the morning session, presenting the outstanding problems to Dr. Henry Hanson, State Health Officer. This was followed by a lively round table discussion led by Dr. Hanson. Short talks were given by visiting doctors on the following subjects:

Dr. James T. Googe—Maternal Mortality in Florida

Dr. C. C. Applewhite—Midwifery in South Carolina

Dr. Jos. S. Spoto, Assistant City Health Officer—The Recognition of Danger Signals in Pregnancy and Labor.

Evening Session

"The Physiology and Conduct of Normal Labor," an obstetrical film by Dr. J. B. DeLee of DeLee's Lying-in Hospital, Chicago, was shown.

Exhibits

Exhibits showing a miniature confinement room in the home, a model layette, a sterile obstetrical package, minimum supplies for the mother, spot maps of registered midwives by county and color, maternal and infant deaths by county and color, and a number of books and pamphlets pertaining to pregnancy and childbirth were displayed.

An adequate training course in midwifery certainly enhances the value of services rendered to mothers. Anything that does this, anything that safeguards motherhood, has the approval of the State Board of Health.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

Recorded and Resident Deaths from Automobile Accidents, by
Color, by Counties—Florida, 1934.

COUNTIES	RECORDED			RESIDENT		
	TOTAL	WHITE	COL.	TOTAL	WHITE	COL.
0. State	608	452	156	544	391	153
1. Alachua	18	11	7	9	4	5
2. Baker	0	0	0	2	2	0
3. Bay	8	7	1	4	3	1
4. Bradford	2	2	0	3	2	1
5. Brevard	3	2	1	2	1	1
6. Broward	15	10	5	12	7	5
7. Calhoun	4	3	1	5	4	1
55. Charlotte	1	1	0	1	1	0
8. Citrus	2	1	1	3	2	1
9. Clay	3	2	1	5	4	1
62. Collier	4	2	2	5	3	2
10. Columbia	7	7	0	5	3	2
11. Dade	89	68	21	82	61	21
12. DeSoto	3	1	2	3	1	2
56. Dixie	2	2	0	2	2	0
13. Duval	73	44	29	67	42	25
14. Escambia	15	12	3	13	10	3
53. Flagler	2	1	1	0	0	0
15. Franklin	1	1	0	3	3	0
16. Gadsden	9	6	3	9	7	2
64. Gilchrist	1	1	0	1	1	0
57. Glades	1	0	1	5	0	5
65. Gulf	0	0	0	0	0	0
17. Hamilton	4	2	2	3	1	2
58. Hardee	2	2	0	3	3	0
63. Hendry	2	2	0	2	2	0
18. Hernando	6	6	0	4	4	0
59. Highlands	7	5	2	6	5	1
19. Hillsboro	44	37	7	39	30	9
20. Holmes	6	5	1	5	4	1
66. Indian River	4	3	1	2	1	1
21. Jackson	10	9	1	8	7	1
22. Jefferson	5	2	3	7	4	3

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Automobile Accidents, by
Color, by Counties—Florida, 1934—(Continued)

COUNTIES	RECORDED			RESIDENT		
	TOTAL	WHITE	COL.	TOTAL	WHITE	COL.
23. Lafayette	2	1	1	2	1	1
24. Lake	8	4	4	7	3	4
25. Lee	5	3	2	4	2	2
26. Leon	10	6	4	10	6	4
27. Levy	7	5	2	4	2	2
28. Liberty	0	0	0	1	0	1
29. Madison	4	3	1	5	4	1
30. Manatee	9	7	2	12	9	3
31. Marion	14	10	4	11	7	4
67. Martin	3	3	0	2	2	0
32. Monroe	4	4	0	3	3	0
33. Nassau	2	2	0	0	0	0
34. Okaloosa	3	3	0	3	3	0
54. Okeechobee	2	2	0	1	1	0
35. Orange	20	16	4	20	16	4
36. Osceola	8	7	1	5	5	0
37. Palm Beach	27	15	12	22	14	8
38. Pasco	3	3	0	5	5	0
39. Pinellas	35	31	4	23	19	4
40. Polk	31	25	6	25	19	6
41. Putnam	6	3	3	5	2	3
42. St. Johns	8	6	2	5	4	1
43. St. Lucie	3	2	1	4	2	2
44. Santa Rosa	1	1	0	1	1	0
60. Sarasota	2	1	1	0	0	0
45. Seminole	4	3	1	7	6	1
46. Sumter	0	0	0	1	1	0
47. Suwannee	5	4	1	6	4	2
48. Taylor	8	6	2	7	5	2
61. Union	1	0	1	3	2	1
49. Volusia	17	16	1	15	14	1
50. Wakulla	0	0	0	0	0	0
51. Walton	2	2	0	2	2	0
52. Washington	1	1	0	3	3	0



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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HEALTH EDUCATION—*Brink*

NEW COUNTY HEALTH UNIT—*Googe*

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MALARIA BY COUNTIES, 1934—*Thompson*

WORK IN STATE LABORATORY FOR AUGUST—*Eaton*

HENRY HANSON, M.D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

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Henry Hanson, M.D.**BUREAUS AT JACKSONVILLE****DIRECTORS**

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*Vital Statistics.....	Stewart G. Thompson, D.P.H.
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Pensacola.....	Estelle Bryan
Tallahassee.....	Janet Bell
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Tampa.....	C. W. Pease, M.D.

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Marianna.....	David B. Lee
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
West Palm Beach.....	S. D. Macready

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Jacksonville.....	Joyce Ely, R.N. (Asst. Director)
Lake City.....	Johanna L. Sogaard, R.N.
Marianna.....	Lalla Mary Goggans, R.N.
Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. A. McPhaul, M.D.
Marianna, Jackson County.....	Paul G. Shell, M.D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****DISASTER RELIEF**

Experiences like those along the Keys and along the Gulf coast bring out the need for a trained organization to furnish relief to the people who were injured or who lost property during the storm. Those of us who went to the storm area to determine what was needed, and what more particularly came within the province of the State Board of Health to do, saw many harrowing scenes, and heard many pitiful tales. As we looked on the devastated area it seemed a wonder that more were not killed or injured. According to the available reports the wind was of exceedingly high velocity and the barometric reading was one of the lowest on record.

As I looked over the storm-swept area it soon became apparent that the main problem was a large funeral. People who had been marooned were taken off on the second and third days after the storm, and the remaining problem was mainly finding and caring for the dead. Up to the close of the third day the bodies were transported to Miami for burial or for embalming, where the condition of the body still was such that it could be embalmed. Due to the heat and the length of time the bodies had lain exposed, it soon became evident that the bodies could no longer be transported over the public highway, and would have to be buried locally or cremated. Cremation was decided on as the most sanitary and practical measure. Those who criticized this procedure (the New Jersey undertakers in particular) did not know the local conditions and would have been unable to stay near the scenes of bloated liquefying bodies many seconds.

We adopted what was considered a common sense procedure and disposed of the bodies in the only practical manner under the circumstances. The object of this article, however, is not to depict additional harrowing details, but to say that the State Board of Health was on the job from the very first. Mr. Macready, the District Sanitary Officer, with headquarters in West Palm Beach, a man with experience in previous storms, proceeded to the area as soon as weather conditions permitted, and as soon as roads to the area were passable. Dr. J. T. Googe, who is on the State Board of Health staff as Assistant Director of County Health Units, was in Miami and began a survey of damage and what the medical and nursing personnel of the Board might do. Dr. Googe and Mr. Macready did excellent work. Dr. Googe speaks in high praise of Mr. Macready's activities.

The first needs in emergencies of this kind are to provide some place for people to eat and sleep. Clothing and shelter are two of the first essentials. Next, the water supply must be checked to determine its safety. In case there are many injured, work of this nature is usually handled by the local Red Cross and other local volunteer groups. First aid comes in in the full sense of the expression. If

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there are people who have lost their homes, and must be kept in camp the matter of sewage disposal must have prompt attention. The manner of disposal will be governed by the nature of the ground and whether the refugees are kept in individual houses or a large camp. In the case of the Keys the rocky nature of the soil required metal health-guard type toilets.

In every disaster there are many who think first of the need for immunization. Sometimes immunization does take a prominent place early in the readjustment program, but as a rule it need not be activated before six or seven days after the disturbance, and then the need should be determined and prescribed by an experienced health officer. In the case of the storm on the Keys there never was any emergency of this nature; the health hazards to the people as a whole were no greater than before the storm. The State Health Officer and the Medical Director of the National Red Cross checked the possibilities of the need for typhoid inoculations and came to the conclusion that there was no reason for alarm, and the giving of inoculations could follow the regular procedure of the Health Department.

The Chief Nurse of the State Board of Health made prompt arrangements for nursing service where needed, which was approved by the representative of the nursing branch of the National Red Cross.

All of the regular employees of the State Board of Health deserve commendation for the manner in which they have responded to the duties assigned. On occasions of this kind it becomes necessary to organize on a military basis, with only one person in command if confusion and contradictory instructions are to be avoided.

Along the Gulf Coast there was considerable property damage, but no loss of life and very few injuries, but in some places sanitation was a more acute problem than on the Keys. Major Safay and Mr. Broughman followed the storm as closely as possible, rendering the necessary emergency aid.

WEEDS

As I drive about the State I am greatly impressed with the profuse growth of weeds seen in towns and cities alike. It used to be thought some years ago that weeds were of no importance in the public health program. In some respects this is true. For instance, years ago many thought that mosquitoes bred in weed lots. This was true only to the extent that one might find water remaining a sufficient length of time to permit the hatching of eggs laid by mosquitoes and their

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development through the larva and pupa stage, after which they emerged as adult mosquitoes. Sometimes there are low pockets in such weedy places where water may stand for a week or more, consequently making it possible for mosquitoes to hatch out. Also, there usually are a variety of containers, bottles, tin cans, abandoned tire cases, etc., holding water which the mosquitoes have found and laid their eggs in, repeating the story mentioned above. In that respect weeds are a menace. For the sake of the appearance of cities and towns the weeds should be cut. There ought to be enough civic pride in each community to insist upon the cutting of obnoxious growths within city limits.

There is a more important phase of the question of weeds than we have mentioned above. At the present time, which is the third week in September, one sees an abundance of rag weed growing everywhere. There are many people who are susceptible to the pollen of rag weed and when in the vicinity of such weeds they develop what is known as hay fever. Rag weed is one of the worst offenders as cause of hay fever. Anyone who is a victim of hay fever would most heartily approve of the comparatively small expense to the community of cutting down the weeds and incidentally the rag weed.

Each city ought to have an ordinance requiring the cutting of weeds both as a matter of civic pride and as a matter of protecting the people who may fall victims to conditions which have been described in the preceding paragraph. It would greatly add to the attractiveness of the town or city and would be a drawing card to visitors from other parts of the country.

I receive frequent letters from all over the United States asking for some place in Florida which might be recommended as free from hay fever. If the municipalities of the State would join in a program of keeping their cities looking neat and attractive, and free from weeds, I would be able to recommend any such community as a haven to the hay fever sufferer.

COUNTY HEALTH UNITS

J. T. Googe, M.D., Assistant Director

NEW COUNTY HEALTH UNIT ORGANIZED

The Jackson County Health Unit was started September first. This is the third County Health Unit now functioning in the State. Escambia and Leon Counties have maintained similar organizations for several years.

Activities of the Unit will be of public health character throughout, and should include proper (a) health records, including birth, death, morbidity and age group records; (b) control of preventable diseases

COUNTY HEALTH UNITS

by educational methods, isolation, quarantine, and immunization of population groups against certain diseases. Sanitation as a control method against disease will be emphasized. Both acute and chronic diseases, infectious and deficiency disorders should be emphasized in the program of control. (c) Health promotional activities for the individual, including maternal hygiene, infant, preschool, and school child hygiene, with activities in each group that should promote mental and physical efficiency, as well as reducing morbidity and mortality rates affecting these age groups, are to be stressed. Considering the relatively high maternal death rate, the general prevalence of hookworm and malaria throughout the State, as well as increased morbidity and mortality rates from other disorders in Florida, results of a striking nature should be accomplished in these programs. (d) Sanitation of the environment has been considered for years as a major function of health departments and should be accomplished on a more intensive scale with adequate, full-time local health service, which, at the present time, does not exist in many sections of the State. These activities should include general sanitation, screening, safeguarding water supplies, both rural and urban; protecting food and milk supplies, causing the installation of sanitary devices in homes, schools and other public places for the disposal of human waste.

A health department does not undertake treatment for the cure of diseases in any economic groups, but devotes its activities to the prevention of disease, promotion of health and extension of the average span of life throughout the entire population.

In charge of the new health unit is Dr. Paul G. Shell, University of Tennessee, 1930. Dr. Shell for sometime was in Key West, connected with the Marine Hospital. By means of a trainee scholarship, awarded the State Board of Health by the United States Public Health Service, he completed a period of intensive preparation for local health work at Johns Hopkins University, June 30. He is assisted in the program by three public health nurses, a sanitary inspector and a secretary-clerk. The budget for inaugurating and maintaining the program in Jackson County is a cooperative one, being provided by the County and State Board of Health. Activities of the unit are conducted in cooperation with and under the supervision of the State Board of Health.

Eight other counties of the State have appropriated or are seriously considering appropriations for inaugurating health units in the near future. Lifted from a position where 77,000 of the population lived under the benefits of such work, now more than 110,000 receive such protection. The State has moved up from its thirty-fourth position among the States of the Union in full-time county health work to a higher position as a result of the forward step taken by Jackson County.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****PUBLICITY**

Whenever there is an outbreak of an unusual or dangerous disease the news spreads rapidly in spite of any effort to suppress it. If official information is not furnished to the public through available channels then the people get information and transmit it as best they can. If there are ten cases and they are reported by ten different persons the total is apt soon to grow to a hundred. It is thus that the stories of Dame Rumor are exaggerated. It is quite natural for people thus to discuss important events and for accounts to become stretched in the telling. Anyone with a long experience in public health will recall instances of this sort.

Whether it be for community pride, to avoid injuring business or just to prevent fear and excitement among the people that the unpleasant information is withheld, the policy is shortsighted indeed; in nearly every instance it defeats its own purpose. It is true that a frank statement may cause a brief flurry of excitement and there are a few alarmists who remain in a state of perpetual fear but it is difficult for these to get much of an audience and the excitement subsides quickly if it is known that the true facts are being published.

There are a few publishers, and they are few indeed, who prefer not to print news items about undesirable health conditions or outbreaks of disease. They prefer to give first consideration to their advertisers rather than their subscribers. Such publishers sometimes lose first their subscribers, then their advertisers, to competitors who publish all the news.

To the public health worker the cooperation accorded so freely by nearly all publishers is most heartening. In the history of outbreaks of yellow fever and plague many years ago are found abundant proof that frank publicity pays. Frightful rumors result in panic. Known dangers are less disturbing than unknown.

BOARD OF TRADE EPIDEMIOLOGY

Under the above caption, the September issue of the North Carolina Health Bulletin discusses frankly and critically the attitude of a few business interests which objected to the consistent publication of facts about the recent outbreaks of infantile paralysis. "For the most part, however," says the writer, "people have cooperated splendidly."

It is gratifying to note at this date (September 15th) that the outbreak has subsided sufficiently to warrant discontinuing the daily bulletins.

BUREAU OF COMMUNICABLE DISEASES

HEALTH EDUCATION

The purpose of health education is to acquaint the public with the aims and objectives of the health department, the results that are expected from each of its activities and to tell the people what they themselves must do to get the benefit of present day knowledge regarding the prevention of contagious, infectious, degenerative and deficiency diseases.

Obviously, education is a very important function of the health department. An attempt by the public health forces to perform all the functions that relate to personal health would be futile for most of the tasks of daily life are related more or less to health. Housing (screening), diet, disposal of wastes, exercise, rest, even the manner of daily contact with others, all have a direct bearing on health. The families that give most attention to these details have the best health.

MODERN HUMAN SACRIFICE

Destruction of human beings and property by the forces of nature is often unavoidable and attributed to an "Act of Providence," but sacrifice of life to preventable diseases results from neglecting the principles of health. For the prevention of malaria and the further reduction in the tuberculosis death rate, we have ample facilities and information.

Ordinarily a mosquito-proof home is a malaria-free home.

In the home, usually; in a sanitarium, rarely; is the consumptive a spreader of disease.

It is the householder's duty to screen his own home but the construction of hospitals takes organized effort. This State should build hospitals for tubercular patients.

VENEREAL DISEASES

Would you marry, knowing that you had a serious contagious disease almost certain to be transmitted to your new mate, and in all probability, to your children as well, provided neither you nor your mate is rendered sterile—barren—by the disease? Would you marry without being certain that you are free of such a disease? If you would, then you are like a man who would start with a heavy truck to cross a deep chasm on a rickety bridge; who would start to cross a desert with an inadequate water supply; who would travel in a worn out plane with an inexperienced pilot and in bad weather. You would almost certainly face disappointment, disaster, misery for yourself, your mate and your children should such an unhappy union prove fruitful. A complete health examination would forestall many unhappy marriages. A health certificate from each contracting party to the other is the wedding gift, supreme.

BUREAU OF COMMUNICABLE DISEASES

Your doctor can render invaluable service and information that will prevent or cure the diseases that menace family life and marital happiness.

Dr. Thomas E. Morgan, Health Officer in the Jacksonville district, left on September 15th with leave of absence for nine months of post graduate study in public health.

Dr. F. V. Chappell, who formerly practiced in Madison, Florida, has returned from Johns Hopkins where he took a post graduate course in public health and assumed the duties of Health Officer in District No 1. during Dr. Morgan's absence.

On September 1st, the Jackson County Health Unit began to function under the guidance of Dr. Paul G. Shell. Dr. Shell has recently had the public health course at Johns Hopkins.

The Sanitary Officer of the Jackson County Unit is Mr. M. E. Penton, formerly with the Taylor County Unit.

PROPER CARE MAKES HOME NURSING IN CONTAGIOUS CASE FEASIBLE

The thought of disease strikes terror into every mother's heart; but the mention of contagious disease brings additional fear. Must the child be taken to a hospital? Will his presence in the house endanger the health of the other members of the family? If the family income is small, can the mother herself take care of the patient? These questions are answered by Regina J. Woody in her article "Care of Contagious Disease in the Home," which appears in the October *Hygeia*.

Though it is true that every communicable disease is potentially a dangerous one, with early detection, isolation and careful nursing many cases may quite safely be nursed in the home.

The patient's room should be isolated, if possible, and should be sparsely furnished. A set of dishes should be put aside for his use. They should be washed in his bathroom and never be returned to the kitchen to be mixed with the regular house dishes. Food prepared in the kitchen may be brought to the door of the patient's room in covered containers and there transferred to the patient's dishes. Whenever she leaves the patient's room the mother should be extremely careful to acquire surgical cleanliness so that she will not carry any germs.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF AUGUST, 1935**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1754	555	184	118	71	2682
Diphtheria	1009	281	34	181	27	1532
Typhoid	1374	414	44	43	58	1933
Malaria	1802	456	70	34	249	2611
Rabies	20	1	---	1	---	22
Tuberculosis	237	109	26	47	22	441
Gonorrhea	1015	370	144	167	63	1759
Kahn	6134	1618	507	1733	602	10594
Water	---	57	---	184	---	241
Milk	578	315	98	418	76	1485
Miscellaneous	752	41	118	211	60	1182
	<u>14675</u>	<u>4217</u>	<u>1225</u>	<u>3137</u>	<u>1228</u>	<u>24482</u>

Specimen containers distributed..... 9101

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	49 Packages
	5,000 units	27 Packages
Schick		1230 Tests
Toxoid		620 C. C.
Typhoid Bacterin		4196 Treatments
Vaccine Virus		785-Capillaries
Antirabic Virus		27 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****REPORT OF ERA NURSES**

During the Annual Meeting of the Florida State Nurses' Association, November, 1933, the State Director of the Florida Emergency Relief Administration asked the Association to appoint a committee to draw up plans to cover the nursing activities of the relief program. The following committee was appointed:

Mrs. Laveta Allen, private duty nurse in Ft. Myers.

Mrs. Alberta McK. Sayford, St. Petersburg, who was doing some private duty.

Mrs. Nellie Davis, St. Petersburg.

Miss Kathryn Gutwald, West Palm Beach.

Mrs. Louisa Benham, Hawthorne.

Miss Ruth E. Mettinger, Chairman, Jacksonville.

Dr. Henry Hanson, State Health Officer, and Miss Claribel A. Wheeler, from the National League of Nursing Education, were asked to sit in on this meeting.

To further discuss plans of the Nursing Service our State President called an Executive Board Meeting in West Palm Beach in December, 1933. At this meeting the district associations were asked to appoint committees and confer with the Social Service Workers in their respective counties and districts to determine the number of nurses on relief or in need of relief. The names of these nurses were sent to the State Board of Health and those employed were selected from this list.

It was interesting to note when the survey from each district was completed that between 250 and 300 nurses had been out of employment for a period of six months or a year.

The Emergency Relief Administration requires all projects to be sponsored by an organization that has the facilities and the personnel to supervise properly the activities. If the State Board of Health had not sponsored the Nursing Project, in all probability it would have been placed under the supervision of the Board of Public Welfare.

The American Nurses' Association, the National Organization for Public Health Nursing, the American Red Cross and others were requested to send plans and suggestions as to the work of the Emergency Relief Nursing Service in other States.

The ERA set aside a definite amount of money per month and fixed the salaries that could be paid. It was found that the number of nurses employable on this basis was 281.

BUREAU OF PUBLIC HEALTH NURSING

The purpose of this project was two-fold—to give employment to the unemployed nurses and give care to relief clients. This could better be done on a public health basis, which included visiting nursing such as the Duval County ERA Visiting Nurse and the Tampa Visiting Nurse Service.

In every instance private duty nurses have been given consideration. Below is a tabulated report of nurses who have been employed in the State since February 1st, 1934. Not all of these nurses have been employed at one time. Many have resigned because they felt that private duty offered them greater inducements. Others were able to secure permanent positions.

Nurses Employed

Private duty	325
Public Health	68
Institutional	64
	<hr/>
Total	457

Nurses were placed in every county.

In the 1934 annual report from the State Board of Examiners there were listed a total of 1800 resident registered nurses and 900 non-resident, a total of 2700. In 1935, 240 additional nurses were registered. With this number of nurses in the State, the majority doing private duty, the difficulty of selecting those most in need of employment must be self-evident.

Each nurse was requested to comply with the Florida State Registration Law and in many cases nurses have been released because they refused to register or because they were not eligible for State Board examination. The nurses have always been asked to join their District Associations; this could not be enforced because of its not being a State law.

An application has been required from every nurse before employment. These applications are on file, open to inspection by authorized persons.

The State Board of Health has received splendid cooperation from the State Board of Examiners. Mrs. Louisa Benham, Secretary and Treasurer, has been consulted frequently in regard to registration and has assisted greatly in adjusting many problems.

The above report was submitted to District No. 2, State Nurses' Association, September 19, 1935.



The HEALTH OFFICER *Says-*

NAGGING PARENTS

SOME parents actually try to scold health into their children. "I cannot get Junior to drink milk," they say, "although I explain how healthful it is."

Health is not understandable to children, at least before they reach twelve years. Hearing too much about it gets tiresome, and nagging never pays. Under these conditions we must not be surprised if children become contrary and refuse to do the healthful things. They are apt to balk as soon as they get the idea they are being driven.

When we plead with a child for health he may begin to imagine there is something the matter with him, else, he reasons, why should mother or father talk so much about it? And that is bad. A sense of insecurity may develop. Thinking too much about one's body is enough to bring on sickness—mental sickness, at any rate—and it is a very difficult condition to cure.

Many of us are victims of the days when child psychology was not so well understood and when nagging was the nearest our parents ever got to constructive discipline. The fears engendered in those early years left an indelible impression that accounts for peculiarities and prejudices which may handicap us for life. Let us avoid passing on this error to the next generation. *Nagging never pays.*

SCHOOL FATIGUE

MOST children seem to have limitless vitality. We elders often wonder how they can keep going from morning to night almost without stopping. Sometimes this very activity is an indication that all is not well.

School physicians, nurses, and teachers have long known the symptoms of "school fatigue", but only recently has the term been brought to general attention. Drawn on by the force of competition and pushed by ambitious parents the average child's life is far from what Mother Nature intended.

Instead of getting deep, restful sleep he tosses about and is troubled by dreams. Instead of a natural cheerful disposition he is gloomy and irritable. He may lose interest in normal play; school work becomes increasingly difficult; it is hard to pay attention and so become enthused by what is to be done.

Such children are victims of those horrible ghosts—homework, tests and reports. All this may be aggravated by a parental edict that *they must not fail*. Not to make the Honor Roll is to be disgraced in some homes. Adherence to false ideals often causes children to suffer unfortunate consequences.

Let us realize that our responsibility is to guide and encourage children rather than to exhort and drive them.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

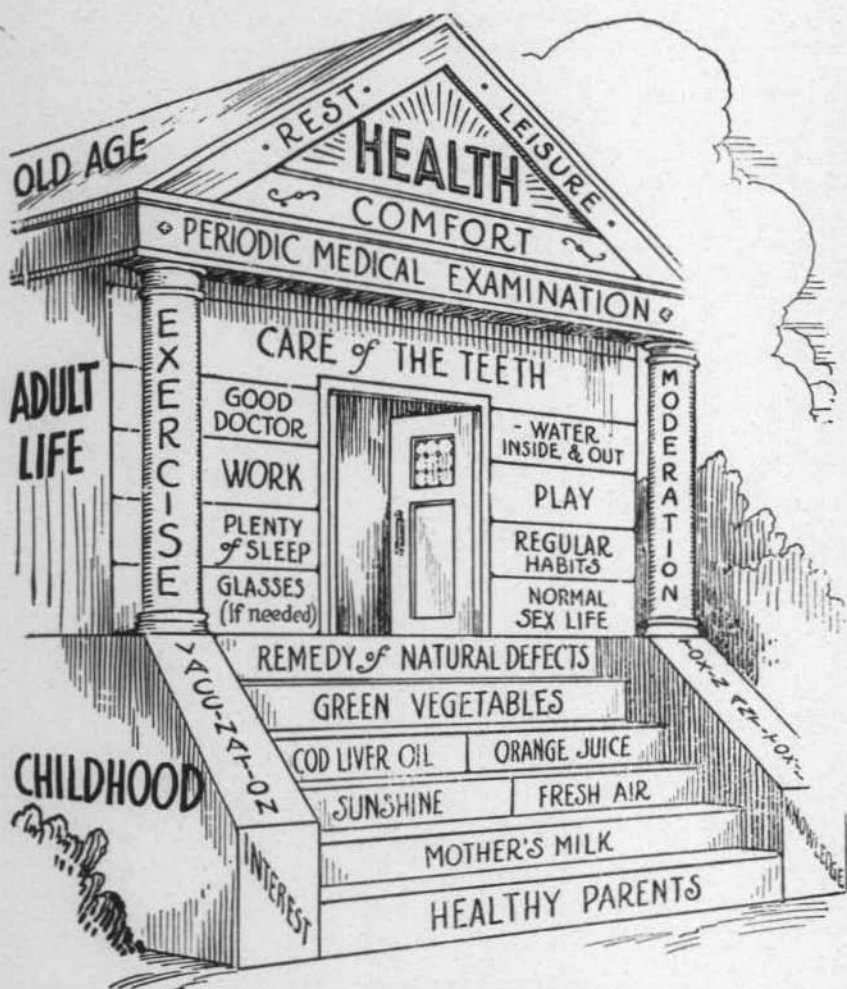
Recorded and Resident Deaths from Malaria, by Color, by
Counties—Florida, 1934

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
0. State	445	235	210	440	232	208
1. Alachua	31	9	22	30	10	20
2. Baker	2	2	0	3	2	1
3. Bay	2	2	0	1	1	0
4. Bradford	4	4	0	4	4	0
5. Brevard	0	0	0	0	0	0
6. Broward	2	1	1	1	1	0
7. Calhoun	6	2	4	6	2	4
55. Charlotte	0	0	0	0	0	0
8. Citrus	8	4	4	8	4	4
9. Clay	1	1	0	1	1	0
62. Collier	0	0	0	0	0	0
10. Columbia	16	11	5	15	9	6
11. Dade	2	1	1	2	1	1
12. DeSoto	1	1	0	0	0	0
56. Dixie	7	6	1	7	6	1
13. Duval	10	7	3	10	7	3
14. Escambia	5	4	1	5	3	2
53. Flagler	0	0	0	1	1	0
15. Franklin	7	3	4	8	4	4
16. Gadsden (Ex.)*	21	2	19	20	2	18
*State Hospital	4	2	2	4	2	2
64. Gilchrist	4	3	1	4	3	1
57. Glades	0	0	0	0	0	0
65. Gulf	0	0	0	0	0	0
17. Hamilton	11	5	6	11	5	6
58. Hardee	3	2	1	3	2	1
63. Hendry	0	0	0	0	0	0
18. Hernando	3	1	2	3	1	2
59. Highlands	0	0	0	0	0	0
19. Hillsboro	8	6	2	9	6	3
20. Holmes	9	9	0	7	7	0
66. Indian River	0	0	0	0	0	0
21. Jackson	41	30	11	41	31	10
22. Jefferson	32	5	27	32	5	27

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria, by Color, by
Counties—Florida, 1934—(Continued)

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
23. Lafayette	3	3	0	3	3	0
24. Lake	11	5	6	11	5	6
25. Lee	3	2	1	3	2	1
26. Leon	15	8	7	14	7	7
27. Levy	10	5	5	10	6	4
28. Liberty	1	0	1	1	0	1
29. Madison	12	4	8	12	4	8
30. Manatee	7	3	4	7	3	4
31. Marion	30	12	18	31	12	19
67. Martin	2	2	0	2	2	0
32. Monroe	0	0	0	0	0	0
33. Nassau	2	1	1	2	1	1
34. Okaloosa	2	2	0	2	2	0
54. Okeechobee	0	0	0	0	0	0
35. Orange	2	0	2	2	0	2
36. Osceola	2	0	2	2	0	2
37. Palm Beach	0	0	0	0	0	0
38. Pasco	5	3	2	5	3	2
39. Pinellas	7	5	2	4	2	2
40. Polk	12	9	3	13	10	3
41. Putnam	6	2	4	6	2	4
42. St. Johns	2	2	0	1	1	0
43. St. Lucie	1	1	0	1	1	0
44. Santa Rosa	4	4	0	4	4	0
60. Sarasota	3	2	1	2	2	0
45. Seminole	5	1	4	5	1	4
46. Sumter	8	5	3	8	5	3
47. Suwannee	22	9	13	22	9	13
48. Taylor	7	6	1	7	6	1
61. Union	2	2	0	2	2	0
49. Volusia	3	3	0	3	3	0
50. Wakulla	6	4	2	8	6	2
51. Walton	3	2	1	4	3	1
52. Washington	7	5	2	7	5	2



The HOUSE of LIFE

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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JACKSONVILLE, FLORIDA

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STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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Tampa.....	Julia O. Graves, R.N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M.D.
Pensacola, Escambia County.....	W. A. McPhaul, M.D.
Marianna, Jackson County.....	Paul G. Shell, M.D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****PUBLIC HEALTH WORKERS TO MEET IN ORLANDO**

The Florida Public Health Association will hold its Seventh Annual Meeting in Orlando, December 2nd, 3rd and 4th. The meetings, in fact all sessions, will be held in the Orange Court Hotel. Again we have an unusual array of talent and offer an opportunity to people who are interested in the preservation of health to hear the leading specialists of the United States. Dr. Geo. N. MacDonell, City Health Officer of Miami, is President of the Association and will preside at the opening session, as well as various other sessions.

It is difficult to point to any one day or part of a day as a time when there are more outstanding people on the program. As someone has put it, we seem to have the cream of the American Public Health Association taking part in the Florida program. On the morning of the first day we have Dr. Reginald M. Atwater, Executive Secretary of the American Public Health Association; Dr. Herbert Bryans, President of the Florida Medical Association; Dr. Halbert L. Dunn, Chief Statistician for Vital Statistics, United States Bureau of Census; Dr. Kendall Emerson, Managing Director of the National Tuberculosis Association, and Dr. W. F. Walker, Director Health Studies, Commonwealth Fund. In the afternoon there will be two sessions, one on Public Health Nursing, in which there will be such authorities as Miss Ella McNeil of the National Organization of Public Health Nursing, and Dr. Estella Ford Warner, Surgeon of the United States Public Health Service.

In the Engineering Section Mr. L. M. Fisher, Sanitary Engineer of the United States Public Health Service, will conduct an institute on such important topics as shellfish sanitation, water supplies, stream pollution and the geology of the water-bearing strata in Florida.

The first evening there will be a public meeting when Dr. Edward S. Godfrey, Epidemiologist of the New York State Health Department, will speak on "What the Public Should Know About the Control of Diphtheria" and Dr. James P. Leake, Surgeon of the United States Public Health Service, will give a talk on "Present Knowledge of Prevention and Control of Poliomyelitis." This evening program will be of general public interest, probably more especially so to physicians.

ADMINISTRATION

On the morning of the second day there will be a Symposium on Syphilis in which we will have, besides some of our own staff, such nationally known characters as Dr. Wm. F. Snow, General Director of the American Social Hygiene Association; Dr. James R. McCord of Emory University, and Dr. R. A. Vondelehr of the United States Public Health Service. In the afternoon there will again be a section on Public Health Nursing and Sanitary Engineering. Dr. Estella Ford Warner, of the United States Public Health Service, will deliver the principal address in the afternoon program and in addition there will be a talk by Miss Malinde Havey of the National Red Cross on "Disaster Relief Nursing." On the night of the second day there will be a banquet which will probably take the form of a dinner dance after the toasts have been given. There will be many distinguished guests at the banquet.

On the morning of the third day State problems will be discussed. Dr. W. V. King will lead off with a paper on new knowledge in the breeding habits of a fly, sometimes known as the dog fly, technically known as the stomoxys calcitrans. Dr. Mark F. Boyd will speak on "Some Practical Problems in Malaria Research," Dr. T. H. D. Griffiths on "Mosquitoes and Malaria Following Hurricanes," Dr. E. L. Bishop, Director of Health for the Tennessee Valley Authority, will speak on "Some Highlights in the Malaria Control Activities of the T.V.A.," Dr. W. W. Bauer, Director of Health and Public Instruction of the American Medical Association, will speak on "Coordination of Private Practice and Preventive Medicine." After which there will be a discussion of County Health Units by Dr. M. V. Zeigler, of the United States Public Health Service. After this there will be a business meeting and election of officers.

The final session will start out as a luncheon session and continue through the greater part of the afternoon. This is what has been designated as the State Board of Health employees annual luncheon. At this luncheon every department will report on its special activities.

In addition to what has been said above there will be special reports throughout the meeting from City Health Departments and others interested in the public health program. This is an opportunity which all city authorities should take advantage of and send as many of their employees as possible to the meeting.

Further information will be given in the daily press and possibly also in the Journal of the Florida Medical Association.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****REPORTING CONTAGIOUS DISEASES**

Rule 52 of the State Board of Health "Governing Morbidity Reports" provides that the following named diseases are "hereby declared to be dangerous to the public health and the occurrence of cases shall be reported":

Anthrax	Ophthalmia neonatorum
Beriberi	Paratyphoid
Cancer	Plague
Chancroid	Pellagra
Chickenpox	Pneumonia
Cholera (Asiatic)	Poliomyelitis
Dengue	Rabies
Diphtheria	Scarlet fever
Dysentery (amebic or bacillary)	Smallpox
Favus	Syphilis
German measles	Tetanus
Glanders	Trachoma
Gonorrhea	Trichinosis
Hookworm disease	Tuberculosis
Influenza	Tularemia
Leprosy	Typhoid
Malaria	Typhus
Measles	Undulant fever
Meningitis (epidemic)	Whooping cough
Mumps	Yellow fever

Responsibility for reporting is placed first upon the attending physician and next on the hospital or any institution in which the patient may be under treatment. Teachers in public or private schools or Sunday Schools have a like responsibility and if the child is at home without medical care it becomes the duty of the parents to report. Any person who shall fail, neglect or refuse to comply shall be deemed guilty of a misdemeanor.

It is not the policy of the State Board of Health to bring anyone before the court if compliance can be obtained by other measures, but where human lives are at stake, our course is clearly defined by law, and our duty is obvious. We cannot promise that we will be forever lenient and depend on coaxing to get compliance with Rule 52.

There are a few doctors who feel that if a specimen is examined in the laboratory and the diagnosis confirmed, that is sufficient notice, but the data blank that comes with the specimen brings very little information. A "positive" result may mean a recovered or inoculated patient or a carrier. A laboratory test does not always establish a diagnosis. That is the function of the attending physician. Many of the laboratory specimens are repeats, and it is no easy task for the

BUREAU OF COMMUNICABLE DISEASES

Bureau of Communicable Diseases, with its meager clerical force, to check the many pages of laboratory records.

Report cards are supplied to all physicians; no postage is required; it takes but a moment to fill out and mail a card, and by this act the doctor frees himself of a definite responsibility to the public.

The State Board of Health renders much valuable service to the doctors and the public. Just a little effort on their part will greatly enhance the effectiveness and value of our work.

A LETTER

Jacksonville, Florida

_____, 19____

Dr. _____

Blankville, Florida.

Dear Doctor:

A few days ago a neighbor called our attention to the case of typhoid you are treating in the Will Brown family out in the edge of Blankville. He said that the Browns did not have any sanitary device but used an outdoor surface toilet, open in the back, and were throwing the slops in the back yard not over 100 feet from his house. He said the flies were pretty bad and he feared they would bring some of the disease germs into his home. Now the neighbor has quite a family of his own, it is a big job for him to support them all when they are well and, he says, if they get sick, goodness knows how he will ever pay a doctor or a nurse or the undertaker if any should die. He was reluctant about reporting this state of affairs and asked us not to mention his name. He says he has always gotten along well with his neighbors and wished to continue doing so.

Now I suppose you told Mrs. Brown how to manage so as to prevent other members of the family and the neighbors from getting typhoid from your patient but she is either careless or unable to cope with the situation and we are sending the District Health Officer to give her further instruction and insist on adequate precautionary measures. If he thinks it necessary we will send a public health nurse to teach Mrs. Brown just how to disinfect, how to dispose of the discharges and show her how to bathe the patient and carry out your instructions as to diet, medication, etc.

Of course, you could care for your patient much better in a hospital, his chance of recovery would be much greater and the danger to the public would be much less, but if they cannot get him into a hospital we must do the best we can.

BUREAU OF COMMUNICABLE DISEASES

Prompt reporting of communicable disease cases would enable us to make our investigations more promptly and effectively and to start our preventive work earlier. Many secondary cases can thus be prevented.

Most doctors appreciate the help of the State Board of Health in protecting their communities from epidemics of disease. Our District Health Officers are instructed always to be courteous and ethical. Any deviation from this should be reported.

May we count on your hearty cooperation?

Yours truly,

DOCTOR SENDS HIS OWN CHILDREN

Dr. F. V. Chappell, Jacksonville District Health Officer, has been holding inoculation clinics in Levy County, mainly for typhoid. This service was rendered at the urgent request of the local doctors and the public. A spirit of confidence and cooperation was evidenced by one doctor who sent his own children for the "shots."

BUREAU OF PUBLIC HEALTH NURSING

Ruth E. Mettinger, R.N., Director

SHORT COURSE FOR NURSES

A short course for registered nurses was held at the University of Florida, Gainesville, August 26th-30th, 1935. It was arranged and conducted by the Extension Division of the University, the Florida State Board of Examiners for Nurses and the Division of Public Health Nursing, State Board of Health. An advisory committee composed of representatives from the above, together with a member from the State Nurses' Association, outlined a program of instruction which was designed to give professional information through direct teaching by leaders in the field of public health, private duty and institutional nursing. There were 186 nurses registered, of whom 126 were in the field of public health.

Miss Leah Blaisdell, from the New York Department of Health, stressed the importance of planning a program a year in advance, which would obviate the necessity of reconstruction later and save time and confusion. The nurse should keep well informed on all medical trends and remember that neither wealth nor college education

BUREAU OF PUBLIC HEALTH NURSING

insures health knowledge. When planning the work it is well to take into consideration what constitutes a full public health nursing program, applying it to the more imperative local needs and placing on the community the responsibility for the nursing service. The main support of the nursing service is the lay group which assists the nurses with their work. Lay workers may perform those duties not requiring definite nursing skill or knowledge, such as transportation of patients, clinic assistance, securing supplies, writing news articles, giving talks and assisting with the clerical work.

Miss Blaisdell gave a practical demonstration of teaching in the home and to groups, which brought out the fundamental principles of teaching which each public health nurse should know and pointed out the uselessness of repeated school inspection. The wisest trend is to place the responsibility of the child on the parent, thereby necessitating the nurse spending the major part of her time in the home and teaching groups the importance of positive health.

Wednesday and Thursday were devoted to maternity and infancy. Miss Anita Jones, Associate Director of the Maternity Centre in New York, who is loaned for a few months to the Children's Bureau, sought to impress the nurses with the importance of observing professional ethics not only in this phase of the work but in all public health nursing work. Pregnancy is no longer considered a normal condition and every public health nurse must have instinct for danger. "Pregnancy taxes the integrity of every structure of a woman's body and if any part is weak it will break down under the strain."

Miss Fannie Shaw, Director of Physical and Health Education, Extension Department, University of Florida, urged the school nurses to have as one of their aims the education of the superintendent, the teachers and the children. Health education is divided into three parts:

1. Healthful school living.
2. Health service.
3. Health instruction.

A healthy environment should exist in the schoolroom, as the manner of living taught in school will determine the habits of later life.

Symposiums were conducted each afternoon following the special sessions, at which time the different physicians discussed such subjects as Tuberculosis, the Handicapped Child, Venereal Diseases and Communicable Diseases.

Each nurse left with a determination to carry on a more rounded public health nursing service.

It is the intention of the Advisory Committee to have this course yearly.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****NEW CRAB MEAT RULE***

Within a very short period of time the crab meat industry has grown to a position of real importance in Florida. During the past twelve months several firms, employing many workers, have engaged in the catching of crabs and in picking and canning the meat.

In view of the perishable nature of crab meat and the fact that it is, by necessity, exposed to numerous hand contacts, careful sanitary control and adequate supervision of the handling of the product are imperative.

The Bureau of Sanitation, realizing the necessity of proper sanitary control of this food product, and to meet the apparent rapid expansion of the industry, drew up for passage by the State Board of Health a ruling relative to this matter. The purpose of this ruling is to regulate the construction and operation of crab meat plants and the handling and shipment of the product which will result in a protection to both consumer and the industry itself. This rule was passed by the Board and became effective September first.

Following are the points covered by the recently enacted rule:

1. Construction of building, plant layout and equipment.
2. Safe, adequate and approved water supply and sanitary facilities.
3. Cleanliness of plant and personnel.
4. Sanitary handling of the product.
5. Regular plant inspection.
6. Certification of product when requirements are met.
7. Action for non-compliance with rule.

In accord with the provisions of this ruling, regular inspection of all crab meat plants are made by District Sanitary Officers of the Board and the operators are furnished with detailed instructions concerning plant layout and operation, as well as directions concerning the handling and care of the product. The requirements of this rule are not extensive and compliance will not work a hardship upon any operator.

Certificates are issued to all plants meeting the Board ruling and numbers are assigned accordingly. The certificate number is prefixed by the letters FLA. Crab meat containers bearing a certificate number will indicate that the product is from a plant which operates under the supervision of the Board. In purchasing crab meat care should be exercised to see that a certificate number appears on all cans purchased. This is the consumer's protection.

**By Lena W. Starck, Assistant Director.*

BUREAU OF SANITATION

CERTIFIED OYSTERS

And again, space must be taken to call attention to the fact that now that the oyster season is here, only those oysters which have originated in a certified oyster house should be used. Be safe—buy certified oysters from reputable dealers only. Buy in original cans.

Certified oysters insure the consumers that they are eating a product which has been taken from growing areas free from pollution, and which have been stored, shucked and packed in a cleanly manner. To assure the public that the oysters are safe a certificate system, as outlined above for crab meat, is used. Florida oysters which have the approval of the State Board of Health will be found in metal containers bearing the code number of the approved packer—a code number with the prefix FLA. Look for the code number on all oyster cans; ask your dealer where he secures his oysters.

A list of the approved oyster plants in the State, those plants which are certified to the Federal Government, is issued by the Bureau at regular intervals and can be procured for the asking. As this issue goes to press, and with the oyster season about two weeks under way, the following oyster shucking and packing plants have been certified by the Bureau:

Name of Plant	Town	Certificate No.
*J. K. Whaley and Co.	Arran	FLA-1
Hiles Brothers	Apalachicola	FLA-2
Standard Fish and Oyster Co.	Apalachicola	FLA-3
United Sea Food Company	Apalachicola	FLA-4
Acme Packing Company, Inc.	Apalachicola	FLA-6
Green Point Fish and Oyster Co.	Apalachicola	FLA-7
Apalachicola Oyster Farms, Inc.	Apalachicola	FLA-8
Seminole Oyster Farms	Port Orange	FLA-9
J. O. Anderson and Co.	Apalachicola	FLA-11
Reliable Fish and Oyster Co.	Apalachicola	FLA-12
White Star Fish and Oyster Market	Milton	FLA-14
West Point Oyster Co.	Apalachicola	FLA-15
**John Miller	Fernandina	FLA-16
Gerbing Oyster Farms	Fernandina (Amelia City)	FLA-20
Millers Point Fish Co.	Crystal River	FLA-22
I. C. Nedley	Port St. Joe	FLA-23
**J. L. Parker and Co.	Port Orange	FLA-27
**E. G. Longe	Port Orange	FLA-28
**Adam Freeman	Port Orange	FLA-29
*Lynn Haven Fish Co.	Lynn Haven	FLA-33
A. L. Tucker Oyster Co.	East Point	FLA-34
East Bay Oyster Company	Pensacola	FLA-36
E. L. Lolley	East Point	FLA-38
Wilson Bros. Oyster Co.	Apalachicola	FLA-39

BUREAU OF SANITATION

Name of Plant	Town	Certificate No.
*Miller Fish & Oyster Co.	Apalachicola	FLA-43
Gulf Fish and Oyster Co.	Pensacola	FLA-47
J. H. Metcalf and Son Oyster Co.	Panacea	FLA-50
East Milton Fish and Oyster Market	Milton	FLA-53
*Dybdal Fish and Oyster Co.	Southport	FLA-54
Eleven Mile Oyster Co.	Apalachicola	FLA-61
Milton Fish and Oyster Co.	Milton	FLA-80
W. E. Sands Fish & Oyster Co.	Port Orange	FLA-83
Summer Haven Products Co.	St. Augustine (Summer Haven)	FLA-87
**Wilson Oyster Plant	Fernandina	FLA-88
**O. A. Baker	New Smyrna	FLA-90
J. O. Bragdon	Port St. Joe	FLA-91
Croft Oyster House	Homosassa	FLA-97
Eubanks Fish and Oyster Co.	Crystal River	FLA-98
**R. W. Joyner	Jacksonville	FLA-106
F. F. Myers	Jacksonville (Spring Hammock)	FLA-107
**Handy Oyster Market	Pensacola	FLA-109
**Simmon Oyster Shop	Pensacola	FLA-112
O. M. Harvell Oyster Co.	Milton	FLA-121
**Square Deal Oyster Shop	Pensacola	FLA-145
**9th Avenue Oyster House	Pensacola (local & shellstock)	FLA-146
**M. F. Hooper	Fernandina	FLA-150
Oyster Properties, Inc.	Crystal River	FLA-155
**P. A. Raleigh	Fulton	FLA-158
*Miller Fish and Oyster Co.	Lynn Haven	FLA-161
*Hopkin Oyster House	Pensacola	FLA-162
**W. B. Courson	Jacksonville	FLA-163
**Mrs. Peter Firmo	St. Augustine	FLA-166

*Shellstock only.

**Local trade only.

DENTISTS AND DOCTORS

The realization that general health is dependent on mouth health and that, on the other hand, mouth health is dependent on general health, has been the motivating factor of dental progress ever since Sir William Hunter "seized the medical and dental professions by the scruff of the neck and awakened both to the importance of mouth infection and health," according to David W. McLean, D.D.S., in "This Thing Called Dentistry," the tenth chapter of this series of articles, which is published in the October *Hygeia*.

The mouth and teeth head the list of sources from which focal infections arise. As the responsibility of dentistry more and more applies to general health, the responsibility of the physician more and more must include consideration of the teeth.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF SEPTEMBER, 1935**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1441	852	321	138	28	2780
Diphtheria	1416	486	69	249	9	2229
Typhoid	1283	329	59	52	22	1745
Malaria	1474	357	74	32	124	2061
Rabies	14	1	—	1	—	16
Tuberculosis	216	134	35	29	3	417
Gonorrhea	964	331	192	185	21	1693
Kahn	5797	1694	433	1694	136	9754
Water	—	36	—	180	—	216
Milk	338	302	200	458	42	1340
Miscellaneous	812	51	176	253	6	1298
	<hr/> 13755	<hr/> 4573	<hr/> 1559	<hr/> 3271	<hr/> 391	<hr/> 23549

Specimen containers distributed.....11,324

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	95 Packages
	5,000 units	56 Packages
Schick		2840 Tests
Toxoid		1890 C. C.
Typhoid Bacterin		3689 Treatments
Vaccine Virus		1582 Capillaries
Antirabic Virus		21 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

FUNERAL DIRECTORS AND EMBALMERS ACTS OF 1935

A new law was passed at the 1935 session of the Florida State Legislature which was included in House Bill Number 993 entitled "An Act Providing and Creating a State Board of Funeral Directors and Embalmers: Granting to Such Board Certain Powers and Prescribing Certain Duties: Regulating the Profession of Funeral Directing and Embalming in the State of Florida: Prescribing the Qualifications of Funeral Directors and Embalmers and Providing for the Examination Thereof: Fixing the License Fees to Be Paid by Funeral Directors and Embalmers: Providing for the Revocation of Funeral Directors' and Embalmers' Licenses: Providing for the Better Protection of Lives and Health and the Prevention of the Spread of Infectious and Contagious Diseases, and Making Unlawful Violations Thereof, and Repealing Chapter 10120 of the Laws of Florida, Acts of 1925." This new law provides for certain control measures, and every funeral director, embalmer and local registrar should be familiar with the new provisions of this 1935 law. The officers and members of the present State Board of Funeral Directors and Embalmers, State of Florida, are as follows: H. P. Whidden, President, Bartow; Charles S. McIntosh, Secretary-Treasurer, Daytona Beach; Henry Hanson, M.D., Jacksonville; J. L. Reed, Jr., Tampa; W. I. Fee, Ft. Pierce. The secretary of this Board has had a reproduction of the new law published in a small booklet form. In addition to the complete reproduction of this law, in the back of the booklet will be found the Board's rules and regulations, rules of the State Board of Health governing the transportation and disinterment of dead bodies, instructions to transportation agents and baggage masters and an alphabetical list of licensed embalmers in good standing as of August 1, 1935. Any one desiring a copy of this booklet may write to Mr. Charles S. McIntosh, Secretary, at Daytona Beach, Florida.

Instructions to Local Registrars

A number of questions have been asked by local registrars concerning the interpretation or meaning of the new law. In order that all local registrars may have a better understanding of the operation of this new law, the following letter has been mailed out:

"1. Copies of House Bill 993, Acts of 1935, have been mailed to all local registrars, funeral directors and embalmers.

"2. Section 2, Rule 19, page 16, 1935 Publication Funeral Directors and Embalmers Rules and Regulations, reads as follows:

'All embalmers, duly licensed under the laws of the State of Florida, are hereby required to file an affidavit on the form furnished by the State Board of Funeral Directors and Embalmers

BUREAU OF VITAL STATISTICS

with the local registrar of Vital Statistics in the Registration District in which the permit to remove or transport a dead human body is issued, said affidavit to certify that said licensed embalmer embalmed said dead human body to be removed or transported except when the transportation consists of moving body from place where death occurred to funeral director's office or place of embalming. The failure to file said affidavit with said registrar shall be sufficient cause for the revocation by the said Board of said embalmer's license.'

"3. A supply of embalmers' affidavits has been mailed to all local registrars. Each local registrar should keep a stock of embalmers' affidavits in his office at all times. Local registrars are authorized to supply licensed embalmers with blank embalmers' affidavits when requested.

"4. Embalmers' affidavits when properly signed and notarized are to be kept in the local registrar's office where originally filed.

"5. An alphabetical list of licensed embalmers in good standing on August 1, 1935, will be found in the back of the booklet reproducing rules, regulations and Acts of 1935. As new embalmers are licensed or licenses revoked or suspended, local registrars will receive such information direct from the State Board of Health. When a license has been reinstated, local registrars will be notified by the State Board of Health.

"6. Each licensed embalmer and funeral director is required to register his license with the local registrar of the district in which he intends to practice. See Section 8, page 8, 1935 Publication Funeral Directors and Embalmers Rules and Regulations.

"7. The Secretary of the State Board of Florida Funeral Directors and Embalmers advises that all licensed embalmers must produce renewal cards upon the demand of the local registrar."

The following questions have been received from local registrars since the above instructions were mailed out.

1. Is the embalmer working in my district required to file an affidavit with me for every body he embalms in my district? Answer: No. Affidavits are to be filed by the embalmer with you for bodies that are shipped by common carrier or transported outside of your district or a near-by district. If the body is taken for burial in the usual way by hearse, etc., the affidavit blank is not required, but on the other hand, if a body is offered for transportation, then the affidavit is required.

2. Is the embalmer working in my district required to file his registration card with me? Answer: No. The embalmer must retain his renewal card but the local registrar may ask an embalmer to

BUREAU OF VITAL STATISTICS

produce his renewal card as a verification of the number of the license he claims to hold.

3. Who is to pay the notary fee, the owner of a business or the embalmer? Answer: This question does not have to be decided by the local registrar. Since the transportation paper cannot be released by the local registrar until the embalmer's affidavit has been notarized and filed, the question as to who shall pay the fee will have to be decided by those who are responsible.

4. I am a Notary Public and the local registrar; would my notarization be all right for these papers? Answer: After conferring with some of the officers of the Embalmers' examining board, it was found that they expected the local registrar to render this service when convenient.

INVITATION

An opportunity to hear leading specialists of the
United States on health questions will be
offered at a Public Health Meeting to
be held in
Orlando, Florida
December 2-3-4, 1935

YOU WILL BE WELCOME

Write for Printed Program
P. O. Box 210
Jacksonville, Florida



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 12

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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CAMPING AND CAMPERs—*Kennedy*

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HENRY HANSON, M.D., STATE HEALTH OFFICER

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Tallahassee.....	Mark F. Boyd, M.D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M.D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph.D. (U. S. Bureau Entomology)
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Henry Hanson, M.D., State Health Officer

TUBERCULOSIS

It is customary at this time of the year to devote the greater portion of one number of Health Notes to tuberculosis. One of the serious handicaps which the State Board of Health as well as the Tuberculosis Association has experienced is the lack of facilities for hospitalizing the poor tuberculous patient. When Governor Sholtz appointed the "Tuberculosis Board," consisting of Mr. W. T. Edwards, Chairman, Mrs. M. L. Stanley and Dr. J. M. Dell as members, to consider



and draw up plans for the erection of suitable hospitals for sufferers from tuberculosis, we felt more hopeful of putting over a more effective program for the control of this highly contagious, or shall we say infectious, disease. We sincerely hope that the distinguished Board may be successful in securing the necessary funds with which to erect one or more sanatoria for the care of the tuberculous.

As I write this, I have before me the "spot map" for the first nine months of 1935, showing in *provisional figures* the number of people who have died as a result of sickness caused by the tubercule bacillus. It is encouraging to note that there were seventy fewer deaths for the first nine months of this year than there were in the corresponding period of the year 1934. This year during the period mentioned there were 654 deaths. 363 of these died before completing the 40th year of life. 318 died between the ages of 20 and 40, the time of life when a person should be in the best condition—healthy, happy and productive.

It should be borne in mind that in this State or in any State which has a large negro population no tuberculosis control program is complete unless it makes full provision for care and treatment of such cases among the negro race. In 1933 there were 398 deaths among the whites and 641 among the colored; you will appreciate this when you stop to analyze it further. The negro population is about one-third of the total, or it is half as numerous as the white; and yet, nearly twice as many deaths occurred among the colored race as among the white race.

BUREAU OF PUBLIC HEALTH NURSING**Ruth E. Mettinger, R.N., Director****TUBERCULOSIS IN GENERALIZED PUBLIC HEALTH NURSING PROGRAM**

Until recent years, a specialized program was usually considered when a community public health nursing service was organized. This may have been due to the fact that one individual, possibly the contributor of the larger portion of the nurse's salary, was particularly interested in infant welfare, or perhaps the Tuberculosis Association wished to employ a nurse to specialize in this particular branch of nursing.

It is now the consensus of opinion that a generalized public health nursing program not only reduces the cost, but more adequate service is given. With one nurse visiting in the home, it would naturally make for less confusion in the minds of the parents. Furthermore, the nurse can make definite plans and give sounder advice.

Nurses trained to do a generalized program find it impossible to ignore problems with which they are confronted even though they are not directly responsible for their solving. Every public health nurse is a potential teacher, and generalized work gives her an opportunity to instruct the family as a whole. Tuberculosis is still a family problem, even though we now know it is not a hereditary disease. For this reason, tuberculosis should be considered in connection with the whole family situation and with the community. With 953 deaths in Florida from tuberculosis last year, it would have been impossible for many of these contacts to have been made if a generalized program had not been conducted. For every known case there is a case that has caused it. No efforts should be spared in protecting children from infection by building up body resistance of contact children and correcting physical defects. Instruction should be given as to the disposal of discharges from tuberculous lesions, thus helping to prevent other individuals from becoming infected.

As shown by a study of the death rate, tuberculosis is a problem between the ages of 15 and 44 years, but is especially to be feared in the years of late adolescence and early maturity.

It is recognized that tuberculosis is especially prevalent among the colored race. According to statistics for 1934, there were 572 deaths in Florida among this group. It would then seem that this is one of our biggest problems, and until this is solved, tuberculosis cannot be eradicated among the white race. Through our white and colored public health nurses, special help is being given to the individual whose unhygienic habits are a distinct health hazard.

The following excerpts from our public health nurses' monthly narrative reports illustrate the ample opportunity for making special contribution to the tuberculosis program in any community:

BUREAU OF PUBLIC HEALTH NURSING

"During a period of six months I have made 76 visits to positive cases of tuberculosis; 69 visits to suspects, and 74 visits to contacts. A new tuberculosis patient was referred to me this month—a woman of 43 years who has had lung hemorrhages at intervals for three months. The County Social Worker is trying to arrange for a chest examination, which will include X-ray pictures. There are seven children in the family under 12 years of age; the youngest, a boy of four, has a deformed leg and had not been seen by a doctor since his birth. With the assistance of the District Supervisor of Nurses, the family physician was consulted and the case was referred to the clinic for an examination and will be admitted to the hospital for treatment."

"At the request of a neighbor, I visited a family in the outskirts of town and found a boy of 23 years who is visiting his sister and had been diagnosed as tuberculosis. He had been lured to Florida by some friends who claimed the climate would benefit him. He told me of his loss of weight and strength since coming to his sister's home, and he had not been able to get the proper food on account of his brother-in-law having no employment except that provided by the WPA, which was very little, and which had to be divided among five other members of the household. Upon further questioning, it was discovered that he was sleeping with an adult member of his sister's family. Through the Social Service Worker I was able to get an extra mattress so the boy could sleep alone. His one desire was to return to his home where he would have a room to himself, or, if necessary, could go to the tuberculosis sanatorium nearby. I contacted several interested individuals and was able to secure sufficient funds for the boy's transportation to his home."

"Five new prenatal cases have been referred to me, all in their seventh month and not until my visit had they seen a physician. An effort is being made to secure hospitalization for one, 49 years old, in her tenth pregnancy, who has been diagnosed as tuberculosis and has had frequent lung hemorrhages during the past few months."

Thousands of people are killed yearly by tuberculosis, and yet it is preventable and it is curable if taken in time. The most important factors both in the prevention and in the cure of the disease are: adequate body resistance, healthy conditions of living, rest, adequate food, sunshine and fresh air.

BUREAU OF SANITATION**T. S. Kennedy, M.D., Director****CAMPING AND CAMPERS**

Florida is expecting and preparing for the greatest tourist season since the "boom." New hotels and apartment houses are being constructed in many South Florida towns, as rapidly as the contractors can put them up. If this influx of winter visitors had to depend on hotels, apartment houses and rooming houses to provide shelter, many would be disappointed. Anticipating this "rush," added facilities are being prepared to take care of the fellow who likes to camp.

At this writing, two hundred and thirty-four (234) tourist camps have been inspected and have received permits, and more are being built. These camps have from five to seventy-five cottages each. All are subject to the rules and regulations of the State Board of Health and the State Hotel Commission.

The Tourist Camp Law, Chapter 12419, No. 614, passed in 1927, and approved by the Governor on June 6, that year, was an Act regulating the operation of tourist camps and empowering the State Board of Health to make rules and regulations and prescribing penalties for violation.

State Board of Health Rule No. 91-A, for the control of sanitation and cleanliness of tourist camps within the State of Florida, was adopted for the protection of campers. This rule covers all phases of sanitation and a camp operator must comply with the regulations before a permit is issued. A camp is not allowed to operate without a permit. Thanks to the wholehearted cooperation of the Hotel Commission, we feel sure the tourist will not be disappointed in the camps.

Camp cars or trailers are being used more and more each year. This year many of the camps are providing space in their grounds for these cars; all sanitary facilities will be available—running water, showers and sanitary toilets. Some difficulties have been experienced in the past with the trailer tourist. These people are prone to camp anywhere, without sanitary facilities, obtaining their drinking water from lakes, springs or rivers, and throwing garbage, cans and other refuse where they wish. As a result, a general sanitary nuisance is created. Now, with the added space being provided by the new camps to take care of the trailer army, it is hoped the promiscuous camping will be reduced to a minimum.

The district sanitary officers are keeping the campers moving, and "No Camping" signs are being displayed. This is especially true in the canal district of Ocala. A great deal of trouble has already been

BUREAU OF SANITATION

experienced, but with the help of city and county law enforcement officers, the district sanitary officer has the situation well in hand. The campers are being educated to appreciate the advantages offered by a certified tourist camp.

Approved lists of certified tourist camps are issued at regular intervals by the Bureau and are sent to all camp operators, Chambers of Commerce, City Health Departments and Auto Clubs in the State. This list of certified tourist camps will be furnished by the Bureau, to others upon request.

The auto camping tourist in Florida is urged to patronize the places that protect public health—the Certified Tourist Camps.

In order that the best service may be afforded the citizenry of the State, and to assure the best returns for their taxes for public health, the State is divided for sanitary work into five districts with a Sanitary Officer in each district, centrally located. This man's duty is to get closely in touch with all sanitation problems in his district, and to carry out the program of the State Board of Health as it relates to such matters. The work of these officers is under the supervision of the Director of the Bureau. Requests for assistance on matters pertaining to sanitation may be sent direct to the Bureau in Jacksonville or to the District Sanitary Officer in your area. Our District Sanitary Officers' addresses and the counties covered by each are as follows:

District No. 1. Jacksonville. Fred A. Safay, P. O. Box 210, Phone 5-0953. Duval, St. Johns, Nassau, Flagler, Volusia, Putnam, Clay, Union, Bradford, Baker, Columbia, Suwannee, Hamilton, Madison, Jefferson, Taylor.

District No. 2. Orlando. Russell Broughman, P. O. Box 514, Phone 6077. Brevard, Indian River, Okeechobee, Osceola, Orange, Seminole, Polk, Highlands, DeSoto, Hardee, Manatee, Hillsborough, Pinellas.

District No. 3. West Palm Beach. S. D. Macready, P. O. Box 2043. Phone 8211. St. Lucie, Martin, Palm Beach, Broward, Dade, Monroe, Collier, Hendry, Glades, Lee, Charlotte, Sarasota.

District No. 4. Ocala. C. A. Holloway, P. O. Box 200, Phone 508-Black. Pasco, Hernando, Sumter, Lake, Citrus, Marion, Levy, Alachua, Gilchrist, Dixie, Lafayette.

District No. 5. Marianna. D. B. Lee, P. O. Box 30, Phone 95. Franklin, Wakulla, Leon, Gulf, Liberty, Gadsden, Jackson, Calhoun, Bay, Washington, Holmes, Walton, Okaloosa, Santa Rosa and Escambia.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF OCTOBER, 1935**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3963	2021	397	147	151	6679
Diphtheria	1757	701	121	3022	54	5655
Typhoid	1141	336	75	55	31	1638
Malaria	1667	367	125	39	276	2474
Rabies	9	3	—	—	—	12
Tuberculosis	364	168	26	43	22	623
Gonorrhea	1128	446	203	240	71	2088
Kahn	6285	2746	477	2692	400	12600
Water	—	53	—	289	—	342
Milk	402	350	171	672	81	1676
Miscellaneous	845	42	200	289	23	1399
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	17561	7233	1795	7488	1109	35186

Specimen containers distributed..... 14811

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	116 Packages
	5,000 units	36 Packages
Schick		3410 Tests
Toxoid		2210 C. C.
Toxin Antitoxin		60 C. C.
Typhoid Bacterin		5268 Treatments
Vaccine Virus		1570 Capillaries
Antirabic Virus		11 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD BE
DIRECTED TO THE STATE LABORATORY, STATE
BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

TUBERCULOSIS



The family physician is the one best qualified to give advice as to the early signs of tuberculosis, its immediate cause, the various contributory causes, prevention and treatment. It is the wish of the State Board of Health that the people avail themselves fully of the service the family physician can render. Practically every case could be recognized, diagnosed, by the right kind of examination at a time when little damage has been done and when practically every

patient could get well. On this account an annual health examination is recommended. It is of particular importance to any person who is below par in any way. Among the earliest signs of tuberculosis are loss of "pep," a feeling of weariness, loss of weight, loss of appetite.

A slight cough may develop early but more often it appears after the disease is somewhat advanced. This is true also of the fever, sputum and night sweats. It is not merely foolish but almost suicidal to await the appearance of these late symptoms before doing anything about tuberculosis. Almost anyone can then make the diagnosis and the prognosis, too.

Many physicians in general practice prefer to send certain patients to specialists for X-ray and chest examinations.

The immediate cause of tuberculosis is the germ, the bacillus of tuberculosis. It is present in the sputum and other discharges of a patient who has "open" tuberculosis. To cause the disease, it must enter the body of another person. It usually enters through the mouth, often with food and drink. It may be taken in through the use of drinking cups and eating utensils previously used by a patient. There are numerous ways by which tuberculosis may be transmitted but the patient who is trained and careful can avoid being a danger to his associates.

It is possible for a person to be infected with tuberculosis without having the disease. This is often the case and a person may be infected without ever knowing it. For that reason it behooves everyone to avoid the things that would cause the infection to develop into the disease. These are the things we call contributory causes. Anything injurious to the general health of the individual may cause a mere infection or a latent tuberculosis to flare up, like a smouldering fire, and become active. Lack of food, overwork, malaria, hookworm disease and many other diseases, deficiencies and dissipations are apt to turn the balance, to start the long, tedious process so aptly called "consumption."

It is evident, then, that every health safeguard that can be thrown about the individual is, in a measure, a means of preventing tuber-

BUREAU OF COMMUNICABLE DISEASES

culosis. All public health activities tend to control the disease. Sanitation, public health nursing, communicable disease control in general, the laboratory service, the collection and publication of vital statistics, education and the publication of bulletins, are all tuberculosis control measures because they are general health measures.

If the annual Christmas seal sale does nothing more, it stimulates interest in the tuberculosis problem. The more we think and know about it, the more we will do about it.

In Florida last year tuberculosis caused more deaths by half than automobile accidents, twice as many as malaria, eleven times as many as diphtheria, twenty times as many as typhoid. Don't you think it is still a problem to be reckoned with?

Hospital Needed

It is indeed odd that in a State with all the climatic advantages that Florida has, all the scenic beauty and all the resources for other worthy undertakings, there is still no tuberculosis sanitarium. It is true that a few beds have been provided in general hospitals, in small local tuberculosis hospitals and in convalescent homes, but there is not a single sanitarium in which the State can care for its tubercular patients; not a bed available for the indigent patient or the dependent young people who might recover in an institution.

Home Care

Under the most favorable conditions a patient may be well cared for at home, but such conditions are rarely found. Usually the diet is inadequate, nursing service is rendered in a haphazard way by members of the family, the physician cannot see the patient as often as he should, he cannot make a satisfactory examination with the facilities at his disposal and sufficient care is not taken to exclude visitors and dispose of infectious discharges.

Hospital care of the patient relieves the family of much responsibility so that the remaining members can better care for themselves, it removes from the home the source of infection, it gives the patient his chance to recover.

Children

It is especially important that children be reared under conditions favorable to their general health. They should at all times have a diet adequate in quantity and variety. They should have regular and adequate rest. They should have regular times for work and play, but overwork, both physical and mental, should not be permitted. They should have sanitary surroundings, plenty of fresh air and sunshine. They should develop good habits of personal hygiene and be moderate in all things.

THE TRIAL

By Kathryn Miller

Women's College, University of North Carolina

Something was wrong at Tommy's house.

I feared there might be a war;

But then I learned how a trial was held,

And Tommy was called to the bar.

'Twas a solemn occasion. Judge Health took his seat,

And the Health Rules, as jury, filed in.

The prisoner was brought, and the witnesses, too.

It was time for the trial to begin.

The Judge rapped the table and solemnly said,

"Witness One will please take the stand."

Sir Toothbrush arose and was duly sworn in.

He looked like a very sad man.

"O Judge," said Sir Toothbrush,

"I have to report that I haven't been used for a week.

With your permission, and if time will permit,

There are a few words that I'd like to speak.

"Teeth will be dirty if they are not brushed,

And dirt causes teeth to decay.

To have strong, healthy teeth I would like to suggest

That they should be brushed twice a day."

"Well spoken, Sir Toothbrush," Judge Health did declare;

"And now we will hear from the Clock."

"My report is, late hours and not enough rest,"

Said the Clock, with accusing tick-tock.

"And what have the rest of you to say?"

Said the Judge, looking down from his seat.

"His hair is not combed and he won't drink his milk,

And his shoes do not fit his feet."

"He says that he doesn't like vegetables and fruits."

"He eats candy all during the day."

"He cannot be healthy if he continues like this.

That, Judge, is what we have to say."

"Now let us hear the jury's report."

"The prisoner is guilty," they said.

Tommy well knew that he was all wrong,

And shamefacedly hung his head.

"Please, Judge Health, give me a chance;

I want to be healthy and strong.

Now I know how important health rules are,

I'm sorry that I have done wrong."

"O. K.," said the Judge,

"We'll help all that we can.

It takes strong boys, as you know,

To grow into strong men!"

(North Carolina Health Bulletin)

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

MONTHLY RELEASES

Monthly releases are issued during the year in the form of mimeographed spot maps. The following information comprises the introduction on each sheet. In addition to this information, a county outline map of the State is shown and the place of death indicated in the county by means of a spot. This gives the exact geographical location of a death from a certain preventable disease. In addition to this county outline map, a table is shown giving the latest population of the county and the number of deaths for the accumulative months during the year for each county. In the lower right hand corner of the mimeographed sheet, there is an age distribution of the number of deaths for the disease in question.

This monthly release is too expensive for a long mailing list. However, the monthly releases are sent to individuals engaged in public health work in the State of Florida and to other individuals or organizations where the information is needed currently in connection with health work. Any individual in Florida who needs this information in connection with local health problems should write to the State Board of Health requesting that his name be placed on the mailing list to receive the monthly releases.

Deaths from Typhoid, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	0	4	1	2	4	7	14	12	5	49				
1934	5	3	3	5	6	4	4	4	1	35	5	3	3	46

Deaths from Diphtheria, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	4	10	6	6	3	2	5	3	7	46				
1934	8	4	3	5	6	4	2	6	10	48	11	14	11	84

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (All Forms) by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	83	80	77	70	82	69	76	56	61	654				
1934	81	77	89	92	86	68	75	84	72	724	74	75	80	953

Deaths from Malaria, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	15	11	15	19	22	24	32	32	33	203				
1934	26	11	22	15	15	25	43	75	56	288	70	52	35	445

Deaths from Cancer (All Forms), by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	127	114	131	116	122	90	117	113	109	1039				
1934	91	116	124	107	116	108	99	127	107	995	122	101	107	1325

Deaths from Pellagra, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	14	14	18	18	21	14	16	15	10	140				
1934	21	19	21	13	22	27	22	21	15	181	12	21	16	230

Deaths from Diseases of Pregnancy, Childbirth and the Puerperal State, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	24	21	22	19	13	17	15	15	7	153				
1934	16	15	21	18	13	14	22	20	19	158	22	25	14	219

Deaths from Automobile Accidents, by Months, for 1935, as Compared with the Previous Year. Provisional Figures

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Total	Oct.	Nov.	Dec.	Total
1935	54	48	61	45	35	37	47	29	34	390				
1934	61	40	57	47	50	39	38	45	50	427	42	56	83	608

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Tuberculosis (all forms),
by Color, by Counties — Florida, 1934

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
0. State	953	381	572	961	386	575
1. Alachua	24	7	17	25	8	17
2. Baker	2	1	1	3	2	1
3. Bay	4	4	0	5	5	0
4. Bradford	3	1	2	3	1	2
5. Brevard	8	5	3	8	5	3
6. Broward	15	6	9	14	5	9
7. Calhoun	1	1	0	1	1	0
55. Charlotte	0	0	0	0	0	0
8. Citrus	0	0	0	0	0	0
9. Clay	1	0	1	1	0	1
62. Collier	2	1	1	2	1	1
10. Columbia	21	13	8	14	6	8
11. Dade	109	59	50	107	57	50
12. DeSoto	12	3	9	12	4	8
56. Dixie	4	1	3	4	1	3
13. Duval	180	49	131	174	45	129
14. Escambia	33	12	21	34	13	21
53. Flagler	0	0	0	0	0	0
15. Franklin	5	0	5	6	1	5
16. Gadsden (Ex.)*	15	2	13	14	1	13
*State Hospital	27	7	20	27	7	20
64. Gilchrist	1	0	1	1	0	1
57. Glades	0	0	0	0	0	0
65. Gulf	2	0	2	2	0	2
17. Hamilton	5	1	4	5	1	4
58. Hardee	1	1	0	2	1	1
63. Hendry	3	2	1	3	2	1
18. Hernando	5	3	2	6	4	2
59. Highlands	9	2	7	10	3	7
19. Hillsboro	117	60	57	117	61	56
20. Holmes	2	2	0	2	2	0
66. Indian River	5	1	4	5	1	4
21. Jackson	7	2	5	8	2	6
22. Jefferson	10	2	8	10	2	8

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Tuberculosis (all forms),
by Color, by Counties — Florida, 1934 — (Continued)

COUNTIES	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
23. Lafayette	0	0	0	0	0	0
24. Lake	12	4	8	13	4	9
25. Lee	5	2	3	5	2	3
26. Leon	9	1	8	9	1	8
27. Levy	7	4	3	6	4	2
28. Liberty	1	1	0	2	2	0
29. Madison	8	1	7	8	1	7
30. Manatee	13	8	5	12	7	5
31. Marion	15	6	9	17	8	9
67. Martin	3	0	3	4	0	4
32. Monroe	10	6	4	10	6	4
33. Nassau	0	0	0	2	1	1
34. Okaloosa	1	0	1	2	1	1
54. Okeechobee	0	0	0	0	0	0
35. Orange	20	8	12	18	7	11
36. Osceola	5	3	2	4	2	2
37. Palm Beach	28	5	23	35	10	25
38. Pasco	3	2	1	3	1	2
39. Pinellas	46	31	15	43	28	15
40. Polk	38	19	19	39	21	18
41. Putnam	6	1	5	5	1	4
42. St. Johns	18	4	14	21	6	15
43. St. Lucie	4	0	4	5	1	4
44. Santa Rosa	2	0	2	2	0	2
60. Sarasota	7	5	2	8	5	3
45. Seminole	9	1	8	10	2	8
46. Sumter	6	3	3	5	2	3
47. Suwannee	4	2	2	4	2	2
48. Taylor	8	3	5	8	3	5
61. Union	6	1	5	7	1	6
49. Volusia	18	10	8	21	13	8
50. Wakulla	1	0	1	1	0	1
51. Walton	4	2	2	4	2	2
52. Washington	3	0	3	3	0	3



Every letter
**CHRISTMAS
SEALED!**

The girl of the 1860's never heard of Christmas Seals. But she knew about "consumption." It was rampant. Her chance of getting it was three times greater than it is today. Tuberculosis still takes fifty per cent more girls than boys between 15 and 24. To help protect our modern girls against this disease the Christmas Seal must continue its program of education and prevention.



**BUY
CHRISTMAS
SEALS**

The National, State and Local
Tuberculosis Associations of the
United States

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